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ORIGINAL COMMUNICATIONS.

ORIGINAL PAPERS.

THE USE OF NITROUS OXIDE GAS IN CERTAIN NERVOUS AFFECTIONS.

BY ALLAN MC'LANE HAMILTON, M. D., CONSULTING PHYSICIAN TO NEW YORK CITY INSANE ASYLUM; AND HUDSON RIVER STATE HOSPITAL FOR THE INSANE.

The first use of Nitrous Oxide Gas admixed with air, was made by Sir Humphrey Davy, and since then experiments have been conducted by Ziegler, Hermann, Amory and others. The use of the gas in combination with air as a therapeutical agent in insanity, was first resorted to by Mitchell, who, in a very readable paper in the West Riding Reports, publishes the report of an admirable series of experiments, and he details the results of this treatment in seven cases of melancholia, mania, etc. Many years before (1852) Ziegler used it in aqueous solution in the treatment more especially of asthenic nervous troubles and poisoning.

Ziegler's investigations revealed many interesting facts which have since been confirmed. He found that it acted not only as a tonic and diuretic, but possessed properties as a stimulant in cases of suspended animation, and poisoning by hydrocyanic acid, carburreted hydrogen, and carbonic acid gas. In such cases the impregnated water was used as an enema. Mr. Clark (2) has also used the nitrous oxide water in cases of neuralgia in doses of one ounce every six hours, with very flattering results.

Before, and about this time, the watery solution was used as a patent medicine, and since then it has been employed by quacks under a variety of names. The use of the gas diluted with air was first systematically tried in this Country by a Western dentist, two or three years ago, and since then, by

(1) Boston Medical and Surgical Journal, Vols. xlvi and xlvii.

(2) Note in U. S. Dispensatory p. 1566, 12th Ed.; 1868.

Dr. J. Ellis Blake, of this city, who began some time ago a series of careful experiments, and finally became so impressed with its virtues in various atonic nervous diseases that he adopted it in his practice; and I believe that he has several times called the attention of the New York Obstetrical Society to the remarkable results which he has witnessed. I have myself, at the solicitation of Dr. Blake, employed nitrous oxide gas in the treatment of certain forms of nervous disease, especially those associated with depression of spirits, physical exhaustion, insomnia and neuralgia, and I have every reason to believe that a most important medical agent has been found.

Nitrous oxide gas, the preparation of which I need not discuss, has hitherto been so expensive, and so much contaminated by impurities, as well as being so difficult of preparation and administration because of the apparatus required, that I suppose no one has thought it worth while to take the trouble of systematically testing its remedial effects; but now no reason exists why it should not be generally brought into use, for through the enterprise of the Messrs. Johnston of this city, it is provided in a liquid form under heavy pressure, in small steel or iron cylinders, holding 100 gallons each.

This gas is essentially a nervous stimulant, and while its action is somewhat like that of oxygen, it has the advantage of influencing the intellectual and emotional functions. It at the same time increases the activity of the heart, and is consequently useful in passive hyperæmia of the nervous substance, and various disorders of nutrition.

If the administration be carried sufficiently far a condition of temporary unconsciousness results, which is attended by anæsthesia, and upon recovery, there is a certain amount of reaction. It is unnecessary to say that the extension of the effects of the gas to this stage are entirely out of the question, and an extremely injudicious measure when the desire is to improve circulation and nutrition.

The action upon the pulse is to produce a momentary slowing, followed by an increase in the number and volume of the beats, and if the administration be prolonged, its character will change greatly, it becoming small and sometimes imperceptible.

The use, say of two gallons of gas mixed with one of air, will produce pulse quickening after two or three full inhalations, and such quickening will be attended by very slight flushing of the face, and throbbing of the temporal vessels. Occasionally curious results were witnessed. In two of my cases deep inhalations produced a marked increase in the number of pulse beats and anterial tension while slowing, and loss of volume followed expiration. In two cases, with intermittent pulse, the irregularity disappeared, and the pulse beats remained normal until some hours afterwards.

Sphygmoprahic tracings obtained by Thompson, after the gas had been taken, and afterwards for a period of one minute show a marked difference, tension being increased.

Dr. A. H. Smith, the author of an exceedingly clever essay upon the use of oxygen in disease, thus sums up its

effects: "When a considerable quantity of pure oxygen is inhaled there is usually a sensation of freedom about the chest, as if respiration were easier. Some persons describe a feeling of warmth beneath the sternum, such as results from inhaling a slightly stimulating vapor. Sometimes a slight degree of vertigo is produced; generally there is a tendency of the blood to the surface, and the hands and feet, if previously cold, become warm. In some cases this change of the circulation is accompanied by a prickling sensation. The pulse is sometimes accelerated, but more frequently remains unchanged. In cases of debility it is often reduced in frequency. The temperature is but little changed, if at all. I have sometimes observed a disposition to yawn constantly during the inhalation, and there is generally an inclination afterwards to sleep. All these effects are more marked when the gas is inhaled fasting." *

The inhalation of nitrous oxide gas is followed by efforts which are somewhat similar. The first subjective sensation is one of slight dizziness, accompanied by mental exaltation. The individual is disposed to talk, and he usually removes the nozzle from his mouth to do so. His eyes become brighter and his pupils are dilated. There is an increase in the amount of saliva in some individuals which necessitates the frequent use of the handkerchief. The skin usually at first flushes slightly, and afterwards becomes pallid. Respiration grows more rapid, and unless the administration of the gas be carefully directed, the patient is apt to take long and quick inspirations. A slight vertigo, increased when the eyes are closed, is produced, which is followed by unconsciousness and anæsthesia, if the quantity of gas is increased. The subject for a long time, though, apparently unconscious, is perfectly cognizant of what is going on about him, and can amuse himself. This dreaming state lasts a comparatively long time before muscular rigidity disappears. The feet tingle and the lips become numb, and there is a decided hilarity, and he laughs or smiles, and settles himself for a comfortable sleep. Recovery is followed by an increased feeling of buoyancy and light heartedness.

The effects of the gas when given with air are not so intense, and the causation of slight vertigo, and humming in the ears, with a feeling of conscious increased muscular force, which sometimes prompts the subject to indulge in trials of strength, especially when expectant attention is present, mark the beneficial effects of the agent.

The subsequent good results are increased muscular vigor and mental stimulation, so that tasks involving calculation or any intellectual labor become comparatively easy matters. There seems to be an ability to make physical efforts, which before were disagreeable, or impossible. Some of my patients complained in the morning of weakness and heaviness of the lower extremities, and utter disinclination to walk or exert themselves, but after taking the gas they readily walked down town to business without fatigue.

* Oxygen Gas as a Remedy in Disease. 1870.

The action upon intellection is quite remarkable, as I have before stated, and experiments I have repeatedly made are delicate evidences of how susceptible is the brain to sudden changes in its circulation. In every day life we recognize this again and again. A glass of wine, a movement of the bowels, or a cold bath are often the causes of mental refreshment, with results which are simply astonishing.

The case of Sir Henry Holland may be cited as an example of this. After undergoing great fatigue and hunger during a mountain ascent in the Black Forest, he found that his memory had suddenly disappeared, but it returned almost immediately, after a glass of wine and food.

Excellent articles by Fothergill, * and other writers, upon the cerebral circulation, trace the relation between disorders of the brain and certain visceral states quite clearly, and the connection of the nerves of the liver with those of the vertebral arteries, is sufficient to account for the disorders of the emotional centres discovered by Laycock and Vanderkolk, and supplied by these arteries, when the vasomotor nerve supply is in fault. Fothergill calls attention to the emotional disturbances that are the result of Addison's disease, fecal accumulation etc. etc. Disordered hepatic circulation when corrected, in many cases is followed by disappearance of the melancholia. In this class of cases, sleeplessness, general irritability, and atonic dispepsia are connected with the more grave condition. The use of nitrous oxide gas in gouty states, involving impaired oxydization of certain elements of food then seem very proper, and I hope to see it tried in diabetes as well. Pinkney has used oxygen in the latter disease with benficial results, and a diminution of the excreted sugar and †Demarquay reported improvement in several cases without any change in the diet of the patients.

Exhilaration of spirits is the rule after its use, not however, necessarially amounting to the *abandon* that so often follows the lecture room experiments of ten or fifteen years ago, but sufficient to indicate a very decided activity of ideation and the emotions. Melancholia and taciturn subjects became animated and cheerful in their address and behaviour. One of Dr. Blake's patients declared that the figure upon his ledger bore an entirely different import after he had taken his dose of gas, and walked to his office, and the debit side looked wonderfully less depressing. In another case, the patient who had left home quite reluctantly, and desired to go back immediately, forget all his worriments after the first two or three days of treatment. It is certain that in hypochondriacal patients many minor aches and pains are forgotten, and a general *coleur de rose* tinges everything.

My attention was forcibly drawn to this effect upon certain patients after I had used it with melancholics, both in my private practice and at the Insane Asylum at Blackwell's Island. One of these had suffered for several weeks from the most profound despondency. Her trouble had grown

* W. R. Reports, Vol. IV.

† Quoted by Smith.

out of menstrual irregularity, and was evinced by religious delusions of a mild type, inclination to avoid the society of her friends, and an occasional refusal to eat. The use of the gas for several weeks entirely removed her mental trouble, and she became quite cheerful. In the presence of Drs. MacDonald, Pitkin and Lesynsky, nitrous oxide was given to two melancholic patients at the Female Insane Asylum who had refused food, and had not eaten voluntarily for two weeks. Both of the women went to the table and ate heartily the same evening.

In other cases of melancholia with defective surface circulation, the venous stasis which gave the hand a dusky purple color disappeared in a few days to a great extent, and the white mark which remained after pressure of the finger upon the back of the hand had been remitted, did not last nearly so long, nor was it so sharply defined as under other circumstances. The warmth of the extremities was decidedly increased, and the expression of the eyes was brighter, and much more intelligent.

Mitchell reports seven cases of melancholia, mania and dementia treated with nitrous oxide, in all of whom interesting effects were witnessed. The gas was not administered however, for its stimulant effects alone, but until the point of partial unconsciousness reached.

He expresses himself in strong measure of approval in its use in melancholia and dementia, and I am sure would have been much more agreeably impressed had he consumed more time and given a larger quantity of air in combination.

In a case of my own connected with excitement, approaching mania, an outburst of violence followed, which contra-indicated its use. For these patients I was obliged to use a rubber cap, which covered the nose and mouth, as the ordinary india rubber mouth piece can not be used conveniently, for the reason that the patients will not receive it into their mouths.

The susceptibility and behaviour of different patients under the gas is somewhat remarkable. In many cases as much, as four gallons were required before the least evidences of any effect were appreciable. Other patients while they were perfectly conscious, and could answer any question, and in fact betrayed no evidence of intoxication, presented a number of motorial phenomena of a curious kind. Among these were startings, or jactitations, and a slightly choreic movement of the lips.

In but few cases have I found that unpleasant results of any kind followed the inhalation of nitrous oxide. In one or two cases only was there nausea of momentary duration, and in one who complained of sciatica, there was some possibility that an attack of pain followed the administration. I am told that when it has been given to excitable hysterical women, it has precipitated an attack of a maniacal character, but to such persons it should never be administered, and in fact it may be stated that when there are any indications of excitement, plethora, or when there is organic heart trouble, the remedy is contra-indicated.

The cases most benefited are those

described under a variety of names, some of which however, are misnomers. The condition is pathologically, probably one of cerebral anæmia, with weak heat action, sluggish surface circulation, torpid liver, and impairment of digestive power. In women this condition is connected with uterine and ovarian complaints in many instances, but every physician is familiar with a class of cases in which there is no discoverable uterine disease whatever, but simply amenorrhœa, or the opposite condition.

Day * in his excellent book alludes to a form of headache proceeding from cerebral anæmia. He says: "The pain is most frequently vertical, it occupies the top of the head, which feels hot and burning to the hand. The pain is not throbbing or bursting, but of a gnawing, scraping character. It may be also frontal or occasionally occipital, and presents most of nervous headache. * * * In anæmic headache, there are noises in the ears, dizziness and flashes of light before the eyes, especially where losses of blood have taken place, and there is pallor of the skin and lips." In the so called "sick headache," or "sympathetic headache," it has wonderful effects, and I have not only broken up the attack itself, but prevented the recurrence of fresh attacks, and in many instances where it was possible to administer the gas in the chilly stage, a subsequent paroxysm of hemicrania was aborted.

A singular result of the administration of the gas when it is used in this way is a decided increase in the sexual desire and power. Ziegler alluded to this in his paper nearly thirty years ago, and twice within the past month have I listened to like accounts given by middle aged men who were somewhat impressed at the re-appearance of a function supposed to be lost.

For the relief of severe paroxysms of neuralgic pain, this gas stands high as a remedial agent. I have used it in cases of severe and persistent facial neuralgia and in common sciatica. When hypodermic injections of morphia have done little or no good, this agent offered relief, not only temporarily, but in another way. Just as oxygen was useful in the hands of Hooper, La Passe, Hill, Demarquay and others, so is dilute nitrous oxide in neuralgic affections, and in such cases the chemical hæmatic action is that which it produces.

As yet I have not used the gas in the treatment of Epilepsy, though I have no reason to doubt its value in a disease which is essentially an anæmia. Dr. Smith alludes to a case reported by Wallihan, who had used mixed nitrous oxide and oxygen with great success.

There is a variety of insomnia which depends upon overwork and general prostration. Such a case came under my care in the person of the President of a college who was on his way to Bermuda, in pursuit of a change of air and scene. He was persuaded to come to me by a patient who had taken the gas. He had not slept for some time, except for a few hours, and then he was tortured by bad dreams. After daily taking four gallons of gas he slept soundly three nights out of

*Headaches, their nature, causes and treatment. P. 37.

four, and there would have been no exception had he not excited himself in preparing for his trip. In other cases the gas acted very badly when it was given at night, for although, drowsiness succeeded the administration, there was a secondary age of excitement of a disagreeable kind; I therefore followed the suggestion of my friend Dr. Blake, and administered the gas in the middle of the day, and found as a consequence that the insomnia was overcome. Probably the beneficial effects arose from a general equalization of the circulation, and the removal of effete nervous tissue from the perivascular spaces. In such examples of insomnia dependent upon slow removal of waste products of cerebral action; the circulation of vitiated blood in consequence of hepatic or renal disease, or depressed tone of the cerebral vessels; nitrous oxide gas was indicated and tried with success. In clearly asthenic cases, however, in which the sleeplessness depended upon excitement, vascular engagement of a congestive character, or active cerebral hyperæmia in connection with hypertrophy of the left side of the heart, and increased vascular tension, the employment of nitrous oxide was contra-indicated, and did no good. In fact in one case it aggravated the wakefulness.

In some forms of functional heart disorder I have witnessed results which fulfilled all my anticipations. In cases connected with hypochondriasis its virtues were most apparent, and many an imaginary trouble ceased to annoy the patient when his intellectual functions were restored to a normal condition.

In one case of functional heart trouble attended by palpitation depression, sinking feelings and an indescribable pang which followed physical exercise in the person of a well known literary gentleman of middle age, whose sufferings were dependent upon many years of hard intellectual labor; I was gratified to find that after two or three days his trouble disappeared to a great extent, and probably in a younger subject would have vanished altogether. In his case, however, there were probably deeper troubles. For chlorotic young women who suffer from ovarian irregularities, head troubles and palpitation, nitrous oxide does much good.

The vague muscular pains, irregularity of heart action, loss of appetite, tremor, sinking sensations and nervous irritability so common among those who use tobacco to excess form a train of symptoms which disappear very rapidly under the influence of gas, and the irritability of opium eaters, and those who drink to a degree that brings them to the verge of acute alcoholism, subsides very quickly. For this reason dilute nitrous oxide may be given to persons who suddenly part with their accustomed opium or alcohol, and with a fair show of permanent success—for an agent which not only supplies oxygen, but improves the nutrition of worn out tissue, and supplies at the same time a stimulant without reaction, cannot fail to bridge the patient over the period of acute suffering and intense irritability in the beginning.

43 East 33rd Street.

New York, April, 1880.

A CASE OF COMPOUND FRACTURE OF THE ULNA WITH DISLOCATION OF RADIUS, NECESSITATING AMPUTATION. IN WHICH A SUIT FOR DAMAGES, FOR ALLEGED MALPRACTICE, WAS INSTITUTED.

BY J. WM. WALLS, M. D., BALTIMORE.

On the night of March 22nd, 1879 —about 11½ o'clock, I received a summons from one of the officials of the Baltimore and Ohio Railroad Company, to attend an employee—G. W. Fowler—a flagman, who had been injured by an accident, at the Ridgely Street crossing of the road, in this City. I found the man in bed, the same, in which his wife had been confined ten days previously; her labor, however, had been natural, and she had been attending to her household duties for several days. I informed him that I was acting in the capacity of surgeon to the company, and that, I had been sent to his assistance, and if he desired my services, I would be happy to render them. This proposition was accepted. On examining the patient under the influence of chloroform, which was administered by Dr. J. D. Blake, who had been called in by the family. I found him suffering from a compound fracture of the ulna of the left arm, in its upper third, with dislocation of the head of the radius upwards and outwards in front of the external condyle of the humerus. The dislocation was readily reduced, and the fracture having been adjusted, was retained in apposition by a single splint along the palmer surface of the forearm, which was placed in the prone and semiflexed position—a piece of lint rung out in water was laid over the open wound, and the whole was enveloped and secured by a roller bandage. An hypodermic injection of acet. morph 1-4 gr., and atrophia 1-90 gr. was then given, and the following prescription ordered :

℞ Morphiæ Acet. Gr.ij,
Aquam, ℥j,
Acetic Acid, q. S.
℔ S.

One teaspoonful every two or four hours, if necessary. Not having the necessary appliances with me, the splint was extemporized from a thin piece of board found in the house.

On the following morning, March 23rd, about 11 o'clock—Dr. Blake again administering chloroform and otherwise assisting, I removed the apparatus of the night previous, and placing the arm in the same position, I properly adjusted a well padded patent splint, wrapped on its upper half with oiled silk, and to give additional support, a piece of binders board was placed along the upper surface of the forearm, the wound was protected by a piece of lint saturated with carbolated oil, a roller bandage securing the whole. The patient had passed a restless night, without sleep, notwithstanding a free use of the anodyne, I ordered a bottle of sol. cit. magnesia, to be taken in two doses to relieve nausea, and to evacuate his bowels. Mr. Fowler was 41 years of age, weight about 135 to 140 pounds, of light make, presenting in his appearance, to a medical eye, evidences of a cachectic and vitiated condition of his system, and on inquiry, I learned, that he had

been a subject for chills, and in addition, had previously sustained injuries on the road, which in connection with inflammatory rheumatism had left him permanently crippled with false anchylosis of right elbow joint, at an angle which rendered it impossible for him to get his hand nearer than six or eight inches of his mouth; he had also anchylosis of left knee at an acute angle. Furthermore, I ascertained that he was subject to erysipelas, having had several attacks.

As may be inferred from this history, I became apprehensive of trouble, and thinking possibly a man in this condition, with strong tendencies to erysipelas, might be banefully affected by occupying a bed so recently used by a puerperal female, although the labor had been natural and healthy. I endeavored to obviate any such possibility, by changing the bed and bedclothes, as this was the only bed-stead in the house.

March 24th.—Patient feverish, restless, irritable and seemingly oppressed, so much so, that I began to suspect some internal injury. Obtaining no response from the magnesia, I prescribed

℞ Magnesia Sulp, ℥ii

S. One tablespoonful in halt glass of water, every four hours, until an action is obtained. Morphia to be used at night as required.

March 25th.—Several free actions had been obtained from the salt—had rested better during the night, but was still much depressed, prescribed:

℞	Quiniæ Sulph,	℈ij,
	Tr. Ferri Chloridi,	℥iij,
	Syr. Simplicis,	℥i,
	Aquam,	℥iij.

m ft mixt.

S. One teaspoonful in a little water, every four hours; milk and animal broths were ordered as nourishment.

March 28.—The treatment as above indicated was continued. On examining the site of the wound, it presented an unhealthy appearance, its margins looking slightly inflamed and irritable, with a sanious discharge issuing. The following lotion was obtained:

℞ Acid Carbolici pur,
Glycerine *aa* ℥j

and with one teaspoonful of this, dissolved in p1-2 of tepid water, the wound was thoroughly syringed with a Davidson's Self Injecting Syringe, and dressed with carbolized lint. Morphia either in sol. or hypodermically, not acting happily upon him, the following prescription was substituted:

℞	Potassii Bromid,	℥iv,
	Chloral Hydrate,	℥iii,
	Morphia Sulph	Grj,
	Syr. Simplicis,	℥j,
	Aq. Menth. Pip.,	℥ij.

m ft. mixt.

S. One desert-spoonful every two or four hours in a little water, as required to compose and produce sleep.

March 29th.—The wound was syringed and dressed as before, the redness had increased with considerable tumefaction, fever had set in with delirium, and great thirst denoting the onset of erysipelas. The doses of the tinct. of iron and quiniæ were doubled, so that each dose consisted of about thrirty drops of tinct. of iron, and two and a half grs. of quiniæ every four hours. The free use of milk and animal broths were insisted on, lager and ale were recommended, the carpets and all unnecessary arti-

cles of furniture were removed, and the proper ventilation of the room enforced.

March 31. The inflammation having advanced, and the tissues around the elbow joint having become quite tense and swollen, with assistance of my partner, Dr. J. E. Clagett, who administered chloroform, I made a free incision four or five inches in extent through the tissues, relieving tenson, and giving exit to the depraved fluids, the parts were then enveloped in a large flaxseed poultice carbolized, which was ordered to be frequently renewed. The splints were rearranged so as to accommodate these applications, and at the same time afford proper support.

April 2d.—The symptoms assuming an asthenic type, with extensive bedsores forming over both nates, with dry tongue and low muttering delirium, two ounces of spirits frumenti with an egg, and four ounces of milk were ordered, in addition to the other treatment every four or six hours. The nates were protected by an air cushion, and dressed with carbolic oil. Stimulants had been suggested earlier, but had been declined by the patient.

April 5th.—Diffuse cellulitis, involving the whole of left hip and thigh, made its appearance, for which in addition to the general treatment, the following prescription was used, as it was impossible to use any other application :

℞ Plumbi Acet, ℥i,
Adeps, ℥iv,
Ol Rosæ, gtts.iv.

M ft oint.

S. To be used locally several times a day.

At this time, the patient had great difficulty in urinating, which terminated in hæmaturia lasting for two days, and was succeeded in turn by complete retention, this was relieved by catheterism ; the first attempt at which was rather difficult, requiring chloroform, as I encountered an organic stricture, near the membranous portion of the urethra, Catheterism was required for several days.

April 10th.—Obstinate constipation was encountered and released by one ounce doses of ol ricini night and morning. It was impossible to use enamata effectually as had been repeatedly tried.

April 12th.—About this time the diffuse cellulitis of hip and thigh had resulted in the formation of a large abcess, which was opened at the most dependent part near the middle of the outer surface of the thigh, giving exit to fully a quart of broken down tissue and pus. The cavity was thorougly syringed out, and injected to hyperdistension with a solution of carbolic acid, bromo-chloralum and tepid water. It gave but little trouble afterwards, although it was injected every morning until healed, with a similar solution. My partner, Dr. C., was with me again, assisting with his advice and administering chloroform.

April 12th.—The use of the flaxseed poultices had been continued until this time, as the erysipelas had gradually extended itself up to the arm nearly to the shoulder joint, and downwards to the hand, frequent incisions had been made whenever they were deemed necessary to relieve ten-

sion, and give free exit to accumulating pus. The inflammation subsiding, the parts were freely syringed out either with a solution of carbolic acid, or bromo-chloralum, and dressed with lint saturated with the following oil:

℞ Carbolic Acid, ℥ss,
Ol. Lini, ℈j.
M ft. oil.

This treatment was continued every morning.

April 20th.—About this time symptoms of septicæmia presented themselves, viz. a dry red tongue, colliquative diarrhœa, from ten to twenty discharges occurring during the twenty-four hours, all of which were passed unconsciously, and this very unpleasant condition continued until several days after the removal of his arm, although the diarrhœa was checked, or rather relieved itself, his delirium changed frequently, sometimes low and muttering, at others wild, so that it became necessary to tie him to the bed. His temperature became irregular, sometimes reaching 104½,° and again falling to 97½° in the course of twenty-four hours. The only change in treatment was to increase the strength of the original prescriptions, viz.:

℞ Tinct. Ferri Chloridi, ℥ss,
Quiniæ Sulph, ℈iiss,
Syr. Symplicis, ℥ss,
Aquam, ℥iij,
M ft. mixt.

S. One teaspoonful every three hours in beef tea The milk punches were given more frequently, taking from eight to ten in twenty-four hours, averaging a full pint of the best medical whiskey. Liebig's Extract of Beef was used freely, the patient consuming during his illness three and a-half pounds, and as each pound is equivalent, according to the manufacturers, to forty five pounds of butchers beef, he consumed the equivalent of 157½ pounds of beef, not including such broths of mutton, chicken and beef as were prepared at home.

April 25.—Pneumonia appeared as was exhibited by pain in left side of chest, short harrassing cough with free and offensive expectoration. The only additional prescription to meet this indication was one drachm of syr. Tolu, given occasionally.

May 1st.—The character of the symptoms began to undergo a change, assuming those more of a hectic or suppurative form of fever, remittent and attended by copious perspirations —the discharge from the ulcerated surface of the arm became quite free, but more laudable, the margins of the surface began to exhibit an appearance indicative of an attempt at repair, and although his condition was extremely unfavorable, I began to entertain the possibility of amputating the arm, removing this extensive suppurative surface, the heavy drain from which was slowly but surely dragging him to his grave; so on the 8th of May I suggested amputation to his wife, declining, however, its responsibility, unless I had the free and full consent of his relatives, which was finally given.

On the 10th of May, with the assistance of Dr. Clagett, and Drs. Coffroth and Galagher, I amputated near surgical neck of humerus, the infiltrated skin and tissues clinging to my knife like wet leather. In the midst of the operation his pulse faultered,

and life commenced receding. Five or six hypodermic syringefuls of whiskey promptly injected under the skin of his chest, rallied his failing heart.

The operation was completed, his wife standing watch at the foot of the bed in expectancy of his death.

For an hour afterwards we waited, plying him freely with stimulants. In two days he became rational, the last six weeks having been a blank, and in two weeks longer he was up and about, and even here, he had to skirmish for his life as malarial chills shook him roughly, but were met by the following prescription and relieved:

℞ Quiniæ Sulph, ℈ij,
Tr. Cinchona co, ℥ij,
Tr. Gentian co, ℥ij,
Ammon Carb., ʒi,
Tr Opii, ʒi. ℿ

S. One desert spoonful every four hours.

During the treatment of this case, over an ounce of sulph Quiniæ and twenty eight pints of whiskey (medical) were consumed, each two ounces of the latter were given with a raw egg and milk in the form of a punch, aggregating near ten dozen eggs used. The bill for medicines used and paid for by the Baltimore and Ohio Railroad Company, amounted to $72.20. In addition at my request, they furnished a night nurse at a cost of $67.50.

Everything that could contribute to this man's comfort or aid in his chances for life were made use of. If he had been the President of the Company, he could not have received more attention. From the 22nd of March to the 4th of June, I paid him 88 visits, in addition to several made by my partner, and several consultations between us.

What were the motives which induced this man to institute suit against us, I can really form no idea, unless he was urged on by some miserable instigator, for the sole purpose of *blackmail*, as during his convalescence, his expressions of gratitude were unbounded.

The first intimation we had of this suit, was the serving of the necessary papers.

The case came up in "Court of Common Pleas," in this city, before Judge Brown, January 22nd and 23rd, 1880; and in the evidence adduced by the plaintiff, his witnesses were persistent in stating that the extremities of the fractured bone overlapped at the point of fracture, at the end of three or four weeks, when they were enabled to see the parts plainly, in consequence of the sloughing of the adjacent tissues which had taken place. My first object in treating this case, was to obtain union, if possible, by the first intention, but after erysipelas had set in and invaded the whole arm, followed by sloughing of the tissues and necrosis of the extremities of the broken bones, it was immaterial whether the bones overlapped or not, as I had given up the idea of union as first hoped, and only awaited for a subsidence of the erysipelatous inflammation to allow resection of the dead extremities and still save him an useful member, but no such favorable result occurred. Furthermore, these witnesses, four or five in number, testified that I had pronounced the case to be "a compound fracture, with all the bones of the jint all shattered and shivered."

This statement is too rediculous to deny here, as it is too evident, the language of an illiterate person, certainly not a professional man. Again, they swore postively that I had not disturbed the dressing on the arm until nearly three weeks had elapsed after the reception of the injury, and then, not until he complained of his arm bursting, and desired me to remove them. This positive and direct evidence was clearly refuted by my written prescriptions, as dated and certified to by the druggists' Messrs. Sharpe and Dohme, who had filled them. These prescriptions demonstrated undeniably, that not only had I syringed the wound out with a solution of carbolic and glycerine on the 4th, 5th, 6th and 7th day after the injury, but that on the 8th day, with the assistance of my partner Dr Clagett, who administered chloroform, I had made a free incision of at least four inches in length, (and not a lancet puncture) through the swollen tissues, relieving tension and giving exit to depraved fluids.

I merely notice these erroneous statements in the plaintiffs evidence, because they were given publicity, and much stress laid upon them, in the daily papers of the city of that date, and which the unexpected and abrupt termination of the suit, prevented me in my evidence from correcting and explaining.

Without entering further into the case, I will simply append an extract from the *Baltimore American*, of January 23rd, giving the result.

"Dr. J. W. Walls was then placed on the the stand for the defence, with the aid of notes, to which he frequently referred, he gave a full history of the case from his earliest connection with it, embracing a perfectly lucid detail of the modes of treatment which were employed in several somewhat novel emergencies which arose. Among these were pneumonia and finally erysipelas. He was satisfied that nothing had been omitted, and that everything that could be done under the circumstances was done. As soon as Dr. Walls ceased speaking, Mr. W. A. Hammond, council for the plaintiff, arose and said: The plaintiff takes pleasure, as well as does his counsel in saying that this suit was brought under a misapprehension of the facts, and he is so impressed with the Doctor's free, full and candid explanation of the whole case, that he authorizes his counsel to apologize to the Doctor, and enter a *non pros* in the case.

His Honor Judge Brown, warmly commended the action of the plaintiff and of his counsel—adding a high tribute of praise to the two surgeons, Drs. Walls and Clagett, for the great skill, intelligence and humanity with which it was clear from the evidence, they had treated the case. Concluding, he complimented all engaged in the examination upon the full, fair, open and altogether satisfactory manner in which it had been conducted. The *non pros* asked for was then entered, and the matter was ended."

The above statement is mainly correct, with the exception of the phrase —"With the aid of notes to which he frequently referred." These notes were nothing more nor less, than my original prescriptions, dated and certified to by Messrs. Sharpe and Dohme —the druggists' who had filled them, in the treatment of the case, and it was principally owing to this custom among druggists of numbering and dating prescriptions as received, that I was enabled to repute these—to us—serious and untruthful charges. Again, I had not more than fairly commenced my evidence, before I was interrupted by the counsel for plaintiff apologizing, and offering to enter the *non pros*, and not after I had "ceased speaking" as stated.

More than ten thousand women are delivered annually at the Lying-in Hospital in Vienna. This is the largest institution of the kind in the world.

REPORTS OF SOCIETIES.

THE EIGHTY-SECOND ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

The Eighty-Second Annual Meeting of the Medical and Chirurgical Faculty of Maryland, convened in the lecture hall of the Johns Hopkins University on Tuesday, April 13th, at 12 o'clock, M., a large number of members and delegates being present.

The meeting was called to order by the President, Prof. S. C. Chew, of this city, and was opened with appropriate prayer.

The minutes of previous meetings were read by the Secretary, Dr. W. G. Register, and upon motion were adopted.

The President made the opening address in language beautifully appropriate and chaste.

He began his address by remarking that it was an honor to preside over the deliberations of a body of physicians, engaged in what may be regarded as their gravest and most important professional duties. For while the individual task of single hand-to-hand combat with disease, in which each is occupied, is as beneficent as it is arduous, there is yet an ampler and more influential sphere of usefulness that we may fill when acting as counsellors and teachers of each other.

The wisdom of medicine as embodied in the collective learning and experience of many physicians in council, is greater than that which any individual can possess. If it be a privilege and honor to preside over any meeting of medical men, it is especially so in the case of a representative body, with the history and traditions which belong to this Faculty, which meets to-day in its Eighty-second Annual Session.

More than four score years have passed since this Faculty was established, and those by whom its foundations were laid have long since, to use a gentle classic phrase, gone over to the larger number. Our founders labored faithfully, and successive generations, ourselves the latest, have entered each the labors of those who have gone before. Slowly advances have been made, but whether by small and gradual gains, or by great and sudden accessions of knowledge the medical science of to-day is so vastly in advance of what it was when this Faculty was organized that the difference is to be measured not by years only, but by a complete revolution both in our modes of dealing with disease and in our very conception of what disease is.

Down to the early part of the present century medicine was based mainly upon symptoms; now it rests in great degree upon the solid foundations of physiology. Modern medicine is continually availing itself of the immense advances in pysiological knowledge, and it is ever ready to except the results of legitimate experiment with remedies, though the explanation of these results may still be wanting.

Consider the extreme importance with reference to treatment of an accurate differential diagnosis offered by the science of auscultation which sprang forth almost perfect and complete from the brilliant genius of Laennec.

It may be wholesome also to reflect on what the great masters of the olden time would have accomplised, had they been helped by modern methods in addition to their own. In respect to the faculty of observation, the moderns in no degree excel the ancient physicians. We may well sit at their feet and learn from them.

Besides the study of symptoms something more is needed. The only guides to a truly scientific system of medicine

are, normal anatomy and physiology, pathological anatomy or the alterations in structure, and pathology proper or the the perversions in function which constitute disease, together with the manifold and careful observation of the effects of remedial agents.

Modern medicine has set in prominent relief this truth, that disease is not a substantial entity, but that it is simply disturbed and perverted physiology.

Though much has been accomplished, much remains to be done. A broader light will surely illumine much that is now obscure. Histological changes will be more clearly made out. The poisons, which produce zymotic diseases, will be more thoroughly investigated. Anæsthetics which will charm away pain, without jeopardizing life, will then be known. The great subject of neuro-pathology, now almost in its infancy, will receive immense development, yet all these gains, and countless others of which we do not even dream, will be acquired by the faithful pursuance of methods like in kind to those now used.

Dr. Judson Gilman, the treasurer of the faculty, submitted his report which showed the expenses of the society during the fiscal year to have been $1,411.85, receipts $1,429.42, assets $11,512.37, liabilities $332.50.

The report of the Corresponding Secretary, Dr. J. E. Michael, was read and adopted.

Dr. C. H, Jones, chairman of the board of examiners, recommended the following gentlemen to election as members of the faculty: Drs. W. G. Smith, W. A. Moale, F. G. Gardner, C. W. Chancellor, G. H. Cairnes and A. G. Hoen. These gentlemen were subsequently elected members by unanimous vote.

Committee on memoirs reported that five deaths had occurred during the year as follows: Drs. Jacob Shower, of Carroll County; W. S. McPherson and Peregrine Worth, of Baltimore City; and Wm. Fisher and D. H. Lawrence, of Baltimore County. All of these members were advanced in life, their average age being 82 years

The report from the section on surgery was read by the Chairman, Prof. Christopher Johnston. This report announced that although no startling novelties had been introduced in surgery during the past year the section desired to call the attention of the faculty to the thoroughness with which the surgeons of the state have sustained the credit of their art and science, and to the fact of the experimental revival of the employment of the anæsthetic known as bromide of ethyl.

On the 9th of February, the chairman of this section first employed the bromide of ethyl in Baltimore (For a report of this case see March, 1880, number of MARYLAND MEDICAL JOURNAL, Page 342, Editor). The glowing eulogium pronounced by Dr. Levis seemed to have been worthily applied in the above referred to case. The non-inflammable character of the bromide of ethyl which justifies its use at night, or when the actual cautery is employed near the air passages, besides its unirritating qualities, was deemed worthy of mention.

The report states that the operations of extirpation of the larynx and excision of the rectum have not been added to the list of our surgical triumph in this State, although colotomy for various reasons has been practiced by Profs. Tiffany, Coskery and the chairman of the section within a comparatively short time.

The operation of ovariotomy has been marked by the boldness and skill of our surgeons, although no operation had been done upon a child of 12 years of age as by Dr. Barlow, or by still another surgeon the removal of a dermoid cyst from an infant of 2 years.

(In this connection it is worthy of remark that an ovariotomy was performed upon a woman four months advanced in pregnancy by Dr. H. P. C. Wilson, of this city, at the St. Vincent's Hospital, during the past year, with a speedy and absolute recovery of the patient. This patient has very recently given birth to a child weighing eleven pounds. Both mother and child are doing well. This is first operation of this character, ever performed in Maryland, of which there is any authentic record, Editor.)

The chairman of the section had performed during the year one amputation of the hip joint upon the person of a mulatto man aged about 35 years, who had suffered compound comminuted fracture of the left femur, in which every attempt to save the limb was exhausted before amputatton was resorted to. Notwithstanding his exhausted state, the patient enjoying the advantage of having long been a sufferer, he rallied from the operation, and even promised to recover when septicæmia carried him off on the twelfth day.

The section reported the successful amputation of both legs at the middle third by Prof. Coskery, in January of this year; also the removal of a large cystic tumor of the kidney, by Prof. A. P. Smith. The chairman called attention to an operation for intestinal inguinal hernia, which he had successfully performed upon an individual who had swallowed an entire humerus, tibia and fibula of a pheasant, (A brief report of this interesting case will be found in the MARYLAND MEDICAL JOURNAL, page 260, Editor). Attention was directed to the operation of Litholapaxy, or Bigelow's operation, unsuccessfully performed during the year by Prof. Tiffany, and to the operation for the removal of a part of the lower jaw, by Prof J. E. Michael, and of the superior maxilla, by Prof. Tiffany. The section referred eulogistically to the admitted good results of the treatment of fractures by the surgeons of our State, as shown by hospital statistics, reports of cases, and in such as stand the test of trials for alleged malpractice. In this connection reference was made to the suit of Fowler vs. Drs. Walls and Clagett, (A report of this case will be found elsewhere in this number of the JOURNAL, Editor) and to the suits against Dr. Geo. Reuling, claiming $20.000, not because the operation upon the eyes of the patient were ill performed, but because they were not followed by success.

This report from the Section on Surgery, is a most admirable review of surgical science during the year, so far as it relates to the practice of surgery within the bounds of this State, and to the advances made beyond its borders.

Report of the Section upon Obstetrics and Gynecology, was submitted by Dr. B. B. Browne.

The attention of the faculty was called to the use of uterine thermometry as a valuable diagnostic aid in the early months of pregnancy. Observations upon six cases were reported, in which the temperature was 1½° higher in the cervical canal than in the vagina, and one degree higher in the vagina than in mouth.

Retention of the Placenta after Abortions and Miscarriages.

After these accidents the early and prompt removal of the placenta was urgently recommended, as the most certain means of assuring the safety of the patient, and at the same time avoiding the occurrence of hemorrhage, septicæmia and subinvolation.

The importance of external abdominal examination and manipulation in the diagnosis, and treatment of obstetric cases as recommended by Dr. Paul F.

Mundé, was noticed—and its more frequent practice recommended.

The use of jaborandi and pilocarpin in puerperal eclampsia, was recommended as one of our best remedies in this complication of labor. The theory of Traube and Munk, was suggested as the most satisfactory explanation of eclampsia. For in post mortem examinations, the kidneys have been found healthy in 35.7 per cent. of the cases, while extreme anæmia and œdema of the brain with effusion, has been found in almost every case.

In the report on gynecology, the more frequent resort to the operation of hystero-trachelorrhaphy, in preference to the prolonged use of caustics, and other local treatment was suggested.

Dilatation of the female urethra for diagnostic purposes, and as a curative process, with report of seven cases was next considered.

In these cases the urethra was dilated for the cure of fissures and for the removal of curuncular growth's from the urethra. None of the cases were followed by incontinue of urine, and all except one were entirely cured, and this one relieved, although the cause of the bladder trouble was reflex from à lacerated cervix.

SECOND DAY'S SESSION.

The Faculty was called to order at 12 M. A large number of members and visitors being present.

The President introduced Prof. John W. Mallet, Ph. D., M. D., LL. D., of the University of Va., the orator for the year. Prof. Mallet announced as his subject "The Claims of Science for its own Sake, upon the Medical Profession."

The orator remarked that he had often had in mind the relations between science as a pursuit for its own sake, and as followed in aid of and subservient to medicine, pure science in the attitude it holds toward human thought and intellectual endeavor at the present day, and science applied as a means to an end, to the furtherance of our efforts to relieve physical suffering, and secure the blessing of health. In the great history of man's mental growth, we observe four stages which mark the progressive history of each mechanical handicraft, of each of the arts which bring a knowledge of nature to the service and under the dominion of man.

In the first of these stages we have untaught individual skill; a single man of quicker intelligence and bolder mental grasp than his fellows, sees facts in nature which they fail to notice; such a man becomes, in the mere dawn of civilization, the "medicine man" of his tribe.

Later there grows up the empirical school, and finally comes the recognition of the value of knowledge for its own sake, of the idea that we must seek knowledge first, its useful application afterwards, that facts in nature are not to be gathered at will just when we want them, but are treasures to be slowly amassed, and laboriously sifted and verified.

The last stage of mental and professional progress demands of those who are to utilize scientific knowledge, that they also become themselves in some measure sharers in the work of procuring and extending it, that they devote some share of their time and thoughts to the investigation of scientific truth, that they enterest themselves in the labors of others in the same direction, and that they fit their minds by suitable training to understand at least and intelligently follow out not only the conclusions of science in relation to their own work, but

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ERRATA.—Read in fifth line from bottom second word, 1st column, page 16, *successfully*.

the processes and reasonings by which conclusions have been reached.

It may possibly seem too much, remarked the orator, to ask that the busy, often overworked surgeon or physician, with his head full of the pressing difficulties of the various cases intrusted to his care, difficulties and responsibilities which cannot be postponed or evaded, and his own physical frame often weakened by want of sleep, to occupy himself with intricate questions of minute histology, with abstract researches in physics or chemistry, with delicate problems of experimental physiology.

But if reasonable bounds be set to the extent of such devotion to pure science, if the mode of its pursuit be such as really to aid the professional man in his regular work, not to divert him from it, and especially if it be understood that not so much quantity of investigative work done as the mental attitude and mental power of the investigator should be aimed at there will seem less reason for opposing as fanciful any efforts in this as the true direction of progress.

If it be asked in what direction can a warmer interest in science for its own sake be manifested by the medical profession four of these seem naturally to suggest themselves as among the most important.

First.--The individual example of those who reserve a little of their time, however busy, for purely scientific studies

Secondly.—The exertion of the powerful influence which may be brought to bear upon properly shaping medical education.

Thirdly.—The upholding of professional assemblies, such as state and national societies as well as in the small gatherings of local medical societies.

Fourthly.—The exertion of general influence upon society at large in favor of genuine science. The indirect benefits which may accrue to the profession itself from its being animated by an active scientific spirit were next considered. Of these perhaps the most important will be the gradual elevation of the standard of medical education, to the advantage of science on the one hand, and to practical medicine and surgery on the other.

In view of the general surroundings of the life of the physician under ordinary circumstances, the pursuit of pure science in some direction has for him real value, not only as a special form of intellectual discipline, but as the means of promoting general mental activity, and at the same time affording relief from the strain of duties wearing and monotonous.

The author closed his address with the following beautiful quotation from Dumas: "If I call on memory to picture to me how the type of true happiness is realized on earth, I do not see it under the form of the powerful man clothed in high authority, nor under that of the rich man to whom the splendors of luxury and the delicacies of costly living is granted, but under that of the man of science who consecrates his life to the discovery of new truths, and to penetrating the secrets of nature."

(*To be Continued.*)

HOSPITAL REPORTS.

REPORT OF THE PRESBYTERIAN EYE AND EAR HOSPITAL FOR THE MONTH OF MARCH.

JULIAN J. CHISOLM, M. D., SURGEON IN CHARGE.

Aggregate of daily applications for treatment for month,	2,346.
Largest number of patients in one day,	138.
Average number daily treated,	87.
Operations for the month of March,	48.

The following interesting cases are taken from the record book of the Hospital.

A Needle Operation to Mature a Senile Cataract.–J. H. M. æt. 60, applied to the Hospital for treatment. For 16 years his sight has been defective, becoming more and more so each year, until now his vision was so blurred, that he could no longer see to work. With his left eye he could get about with some facility, and with the right he could still count fingers at one foot. Upon examination with the ophthalmoscope opacities in each lens were detected, but in each there were small areas of small lens substance through which the fundus vessels could be caught. In the right lens, which was involved to a greater extent than the left one, there was a clear opening in the upper and outer quadrant of the lens from which proliferous inflammatory troubles might arise, if the operation of extraction be performed. The patient being of an active disposition was very solicitous of having sight restored with as little delay as possible, and applied for immediate operation. After a careful examination it was thought best to expose the clear part of the lens to the action of the aqueous fluid, and a needle operation was performed, opening the capsule over the transparent area. After eight days the lens had become opaque throughout, and a successful extraction was performed by the Graffe method. The patient left the hospital with excellent sight.

Blepharoplastic Operation to replace a Lid torn away from its Proper Position.–Miss C., æt. 22, when a child, was hooked in the right eye by a cow. The point of the horn passed in between the eye ball and the lid, and tore it away for two thirds of its length from the inner canthus. The retractile character of the lid tissue caused it to gather up in a shrunken mass at the outer angle of the eye, in which condition it has remained to the present time during a lapse of ten years. The lash border seemed to be entire; although much shortened, it was capable of being stretched. By paring off the edge of the cleft and making a raw surface for adhesion, the lid was readjusted into its normal position, and the whole deformity was removed. As is usual with such vascular tissues as the eye lids, union by the first intention was speedily induced, and the case discharged cured.

Neurotomy for the Relief of Sympathetic Irritation after a Destructive Wound of the Eye Ball. —Miss D., aged 16, one month since was struck in the left eye by a sharp iron instrument (the handle end of a file). The ragged perforation had been made at the corneo scleral junction, passing through the ciliary region and margin of the canthus, and entering the vitreous chamber. Free bleeding occurred at the time, which the family physician controlled by pressure compresses. When the patient was admitted to the hospital, there was no perception of light in the injured eye. The pupil had been closed by iritic inflammation. The iris was much discolored from inflammatory deposit, although the cornea remained clear. Light was extremely painful to the good eye. As the young girl was very anxious to save her eye if possible, and not have it taken out, an optic ciliary neurotomy was determined upon by the method, known as the French manual, or that of M. Boucheron, or M. Roudeau, two French Ophthalmic Surgeons who have written extensively on nerve section, for the prevention of reflex trouble. Under chloroform, a horizontal incision was made in the conjunctiva from corneal border to caruncula parallel with the upper border of the internal rectus muscle. Through this opening the heavy curved enucleation scissors were introduced, and the optic nerve and its surroundings divided.

The eye ball was then forcibly rotated outwards by implanting a double hook through the wound into the posterior sclerotic surface. All nerve fibres not attached to the back of the eye ball not previously divided, were then dissected off. Not over a drachm of blood was lost. No suture was needed in the conjunctival wound. Cold water dressings were applied for a few days. There was but little blood extravasation behind the eye or in the lids. Convalescence was speedily established, and the case discharged from the hospital a week after the operation. The cornea was anæsthetic after the nerve section in evidence of the complete destruction of all nervous fibres entering the eye ball at its posterior pole. A optic ciliary neurotomy performed in this manner, is an easy and rapid operation. In this case not more than ten minutes were necessary from the commencement of the chloroform administration to the completion of the operation.

THE resolution before the United States Senate for printing 10,000 copies of the Medical and Surgical History of the War of the Rebellion, has been indefinitely postponed, in consequence of a letter from Surgeon General Barnes, in which he states that the passage of the Resolution would very seriously and injuriously retard the completion of the remaining two volumes now in press.

DR. A. A SMITH, of New York, recently exhibited to the Clinical Society of New York, a glass pessary which was introduced into a vagina in 1849,—thirty-years ago, and had not been removed during that entire time.

DR. WM. B. O'REILLY, a graduate of the University of Maryland, class 1874, died at his residence in this city, April 19th, at the early age of 28 years.

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BALTIMORE, MAY 1st, 1880.

EDITORIAL.

MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.—The eighty-second annual meeting of the Medical and Chirurgical Faculty of Maryland, which convened in this city April 13th to 16th inclusive, was one of the most successful this time honored Faculty has ever enjoyed.

The meeting was marked by an unusually large attendance of members, and by the interest and value of the reports presented, and papers read during the Sessions.

The contributions upon the whole were of a superior order, and gave evidence of great care and original thought in their preparation. The President's address was thoughtful, suggestive, and a most finished and scholarly production, in every respect in thorough keeping with the purity and manly bearing of its gifted author.

The Report from the Section on Surgery, is marked by the thorough treatment of the surgical work accomplished within the borders of the State during the past year, and by its recognition of the general advances in this department of science in other fields.

The Section on Obstetrics and Gynecology reported the advances in these departments at considerable length, and was a careful and thoughtful presentation of the subject. This report might have been enhanced in value by fuller reference to the original work done at home, and an abreviation of that achieved beyond the borders of the State.

We have seldom listened to a more finished oration than the one delivered by the orator for the year, Prof. J W. Mallet, on the subject "The claims of Science for its own sake, upon the Medical Profession." This address was earnest, thoughtful, and remarkable for the purity of its diction, and the chaste and clear language in which its sound maxims were expressed

We can not express in too high terms the great credit due the Section on the Practice of Medicine for the able and exhaustive report presented by its chairman Prof. A. B. Arnold. This report was based upon original work performed by the chairman, and is highly creditable to the author and to the faculty.

The Report from the Section on Sanitary Science contains some very admirable suggestions in reference to sanitary matters which should receive due consideration from the profession. Want of space prevents a reference in full to these suggestion at this time. In future attention will be directed to their claims to professional recognition

The volunteer papers submitted, whilst not so numerous as at some former meetings, were most excellent in quality, and eminently worthy of a place in the published Transactions.

Before closing this notice reference should be made to the claim which the Faculty has upon the profession throughout the State Year by year, as the meetings of this body are assembled, we have presented to our notice the meagre attendance of members of the profession out-side the corporate limits of the city, and the sad reminder that but few of the profession in Maryland feel any interest whatever in this State Faculty. Such a condition of affairs should no longer exist, and we again call upon such members of the profession, who are not members of the Faculty, to present their names for membership, and to co-operate with their professional brethren in sustaining the efficiency and influence of this useful organization.

BUFFALO LITHIA WATERS.—We have had recently had brought to our notice a number of testimonials from prominent members of the medical profession, setting forth the rare value of the Buffalo Lithia Water in the diseases of the uric acid diathesis, gout, rheumatic gout, stone or gravel, and in cutaneous eruptions, resulting from an excess of uric acid. These testimonials are of such a character that the evidence offered by them is indisputable. A gentleman writes to us, whose word is unimpeachable: "In my own case I have had the most striking proof of the great power of the water (Buffalo Lithia) in eczema, resulting from an excess of uric acid. For several years my life was rendered utterly wretched by this malady, incapacitating me for all business pursuits. I was treated at different times by a number of the most distinguished men both north and south, but all without benefit. I also tried without better result, the most noted mineral waters of Virginia, and, finally, the Hot Springs of Arkansas, and afterwards found relief from the Buffalo Lithia Waters."

A case of a child that suffered for nine years with an "eczema" extending nearly over his whole body, has been brought to our notice, in which marked improvement followed from the use of Buffalo Lithia Water No. 2, taken in small quantities as a substitute for other water.

These are several of the cases of which we have personal knowledge, but testimonials of more weight are presented by Drs. Hunter McGuire and J. S. Wellford, of Richmond, Va , and Dr. John T. Metcalf, of New York, extolling these waters in cases of gout, and in the various forms of the uric acid diathesis. Upon such evidence as this, it is proper that the profession should give attention to these waters. The time is at hand when due recognition will be given to the natural mineral waters in this Country as equal in value to the celebrated waters of the Old World which have so long attracted the attention of the profession.

THE NURSERY AND CHILD'S HOSPITAL.—On the 6th day of April a charity ball was given at the Academy, of Music in this city, for the benefit of the above named charity. It was largely attended and contributed to by the most prominent people of our city, and upon the whole was a most successful effort to raise funds for charitable purposes. Over

$6500 were realized after defraying all expenses. This charity is one which appealed very strongly to our people. A few years ago it was organized by a few benevolent and energetic ladies, in a feeble way, but by earnest zeal and effort the charity has developed into an institution which does credit to our city. At first the institution was simply a Nursery but within the past year a Child's Hospital has been added for the protection and cure of sick and invalid children. A large and handsome property has been purchased and in great part paid for.

The daily average number of infants and children cared for during the year has been over forty. The charity is growing in strength and usefulness, and is destined to become one of the leading institutions of Baltimore. The benevolent ladies entrusted with the duty of establishing and working up an institution, such as this, deserve the thanks and co-operation of all good thinking people.

We call the attention of our readers to the advertisement of the St. Nicholas Hotel, which offers them special inducements; the St. Nicholas is second to none other in New York in any particular, and its popularity is fully established by the high character of its regular patrons.

Members of the profession who contemplate visiting New York, to attend the next annual meeting of the American Medical Association will not be able to find more comfortable quarters than at the St. Nicholas.

Training School for Nurses.—The Faculty of the College of Physicians and Surgeons, of this city, have recently established a training school for nurses in connection with the Matenité Hospital. This movement is in the right direction. The profession of this city have long felt the need of a corps of well trained nurses, and we are glad to see that an opportunity is thus opened up to worthy persons desirous of instruction in this very important branch of service.

Prof. I. E. Atkinson, of this city, who some months ago was appointed Clinical Professor of Dermatology in the University of Maryland, has recently been elected a member of the Faculty.

Faculty Appointment.—Dr. J Edwin Michael, Demonstrator of Anatomy, University of Maryland, has been elected Professor of Anatomy in that school. Prof. Michael is one of the younger members of the profession, in this city, who has thus early entered upon a career of usefulness and professional distinction. He was born in Harford County, Maryland, in the year 1848, and is now near 32 years of age. He is a graduate of Princeton College, A. B., 1871; A. M., 1874, and an M D., University of Maryland, 1873. After graduating in medicine, he spent one year abroad on the continent, and, soon after his return to this country, was made Demonstrator of Anatomy, which position he has held to the present time.

The University has conferred an honorable position upon a worthy and thoroughly competent alumnus.

Wood's Library of Standard Medical Authors.—We have received from Wm. Wood & Co., the first four volumes of Wood's Library of Standard Medical Authors for 1880.

The very remarkable success which met this effort to supply to the profession, at a nominal price, with standard medical works, during the past year, has induced the publishers to continue this series, during the present year, and the volumes thus far issued attest their laudable effort to make these medical books useful and popular. We know of no publications so servicable to the physician, for the amount invested, as this series, and we unhesitatingly recommend them as fully worthy of a place upon every library shelf.

These books are kept for sale by Mr. Henry Fleetwood, 27 North Calvert street, Baltimore.

Dr. Chas B. Riley, a graduate of the University of Maryland, Class 1880, has been appointed one of the Resident Physicians to the Woman's Hospital, New York. This position can only be secured by a rigid competitive examination.

BOOK NOTICES.

The Therapeutics of Gynecology and Obstetrics, Comprising the Medical, Dietetic and Hygienic Treatment of Diseases of Women. Edited by WM. B. ATKINSON, A. M., M. D. Author of "Hints in the Obstetric Procedure," Etc., Etc, Philadelphia. D. G. Brinton, Publisher, 1880.

This volume is the third of the series of "Modern Therapeutics," originally projected by the late Dr. G. H. Napheys, but which his death prevented him from completing. The work has been finished by the editor, Dr. Atkinson, whose wide experience eminently qualified him for the work.

Those of our readers who are familiar with the first two of this series will be prepared to recognize the present volume.

This work has been prepared with most excellent judgement and care, and sets forth the therapeutics of this subject in a manner admirably adapted to the wants of the reader. It will be found a most excellent book for reference, and justly deserving of a position upon the library shelf. To the physician engaged in a large and exacting practice, whose time has not allowed him to follow the rapid advance in therapeutic methods, which have taken place during the past few years, the book will be found of great service, and will open up a wide field of modern practice.

Headaches, Their Nature, Causes and Treatment. By WM. HENRY DAY, M. D., Member of the Royal College of Physicians, London. Third Edition, With Illustrations. Lindsay & Blakiston, Phila. 1880.

This volume treats of a subject of very general importance to the physician. Headache is a disorder of the utmost frequency, and often taxes the experience and scientific knowledge of the physician. A knowledge of its pathology and treatment is frequently needed in the management of the many phases it assumes. This volume presents this subject very fully, and its careful perusal will amply repay the reader. We can recommend it to such of our readers as are interested in the subject, or who by experience are made familiar with the disorder.

Lectures on The Human Eye, In Its Normal and Pathological Conditions. By ADOLF ALT, M. D., Lecturer on Ophthalmology and Otology in the Trinity Medical School, Toronto, Canada. G. P. Putnam's Sons, Publishers, New York. For Sale by Wm. Muhsam, Baltimore, Md.

This volume treats in a systematic way the histological conditions of the human eye and the corresponding pathological changes. The author has, however, confined his subject to the eyeball itself, leaving the accessary parts to be treated subsequently.

The volume is illustrated handsomely from drawings made from specimens which the author has prepared. To those interested in eye surgery the volume will be found useful and valuable.

The Essentials of Anatomy. By WM. DARLING, M. D, F. R. C. S., and AMBROSE L. RANNEY, A. M, M. D. G. P. Putnam's Sons, New York, 1880. For Sale by Wm. Muhsam, Baltimore, Md.

This volume is designed as a text book for students, and as a book of easy reference for the practitioner. How far it will fulfil both of these wants can be demonstrated by a perusal of its contents. The volume is not designed to supersede or rival the standard text books on anatomy, but to present those anatomical facts which are first comprised in *gross anatomy* only, and to arrange these facts as to render them easy of comprehension to the beginner, and easy for reference to the surgeon.

MISCELLANY.

HYDRATE OF CHLORAL.— Dr. H. H. Kane, of New York City, U. S. A., specially requests members of the profession with any experience whatever in the use of the Hydrate of Chloral to answer the following questions, and give any information they may possess in reference to the literature of the subject: —1. What is your usual commencing dose? 2. What is the largest amount you have administered at one dose, and the largest amount in twenty-four hours? 3. In what diseases have you used it (by the mouth, rectum, or hypodermically), and with what results? 4. Have you known it to affect the sight? 5. Have you ever seen cutaneous eruptions produced by it? 6. Do you know of any instances where death resulted from or was attributed to its use? If so, please give full particulars as to disease for which given; condition of pulse, pupils, respiration and *temperature;* manner of death; condition of heart, lungs and kidneys; general condition, age, temperament, employment, etc., etc., etc. If any autopsy was held, please state the condition there found. 7. Have you seen any peculiar manifestations from chloral—as tetanus, convulsions or delirium? 8. Do you know of any cases of the chloral-habit? If so, please state the amount used, the disease for which the drug was originally administered, the person's age, temperament and the present condition of the patient. Physicians are earnestly requested to answer the above questions, in order that the resulting statistics may be as full and valuable as possible. All communications will be considered strictly confidential, the writer's name not being used when a request to that effect is made. Address all letters to Dr. H. H. Kane, 366 Bleeker street, New York City.

THE Board of Medical Examiners of the State of North Carolina, will meet in Wilmington, May 10th, 1880, to examine applicants for license.

The law of the State requires that no person shall practice medicine or surgery, or any of the branches thereof, or in any case prescribe for the cure of disease for fee or reward, and shall not be entitled to sue for or recover before any magistrate or court in the State, any medical bill for services rendered in the practice of medicine or surgery, without a license from this board.

WORK on the Johns Hopkins Hospital buildings, which was suspended during the winter months, has been resumed, and will be pushed forward to an early completion. It is believed these buildings will be ready for occupancy by fall. When completed the Johns Hopkins Hospital will be, perhaps, the most perfect and complete institution of its character in the world. It has been constructed after the most improved methods, due regard being observed for comfort, convenience and thorough ventilation

THE Arkansas Medical College at its first commencement recently held at Little Rock, conferred the degree of M. D. upon one graduate. The college has adopted the three years graded course which may account for the above mentioned fact.

DR. C. H. H. SAYRE, a son of Dr. L. A Sayre, of New York, met with an accident on the fifth of April, which terminated in his death on the 11th. He was twenty-nine years of age, and since his graduation has been in active practice with his father.

The *Record* says, "he was of an impulsive and generous disposition, and leaves many friends to regret his untimely death."

MARYLAND MEDICAL JOURNAL.

PUBLISHED ON 1st AND 15th OF EACH MONTH.

THOMAS A. ASHBY, M. D., Editor.

WHOLE NO. XXXVIII. BALTIMORE MAY 15, 1880. VOL. VII, No. 2.

ORIGINAL COMMUNICATIONS.

LECTURE.

KELOID, TINEA VERSICOLOR, ECZEMA ERYTHEMATOSUM.

BY I. E. ATKINSON, M. D.,

Clinical Professor of Dermatology, University of Maryland.

KELOID GROWTH DEVELOPED IN THE CICATRIX OF AN EXTENSIVE BURN.—I present, for the first case to-day, this negro sailor, who about two years ago met with a very extensive, though not very deep burn, about the left shoulder, arm, side and neck. I may remark in passing that the seriousness of a burn depends not only upon the depth to which the tissues are affected, but also upon the area of the surface involved, and a superficial burn may acquire a very grave aspect by extending over a great amount of surface. After the accident, the man remained in bed five or six weeks, and was treated by the linimentum calcis, and other soothing applications. The ulcer left by the burn did not heal entirely until last fall. The peculiar white scar on the arm marks the site of the latest ulceration. Now, you observe nearly this entire extensive surface is covered with a peculiar exuberant growth, darker than the healthy skin, and which we call *keloid*, a name applied to it by Albert, on account of its supposed resemblance to a crab's claw. It is a tumor of the skin, a connective tissue new formation. I have never seen it involve so great an extent of surface, as in this case; usually it does not exceed the size of a hen's egg. There are two varieties of keloid, the true and the false or cicatricial. True keloid is spontaneous in origin, commencing usually on the breast, as a small nodule, which when first noticed may be no larger than a grain of wheat. It is slightly painful on pressure, which the other form is not. False keloid arises at the site of some injury, perhaps very slight, as a scratch, cut or even a blistered surface. The growth of keloid is in the true skin or derma, but disease of the epidermis, by continued irritation has been known to give rise to it.

The growth in the two forms is the same, histologically, clinically and therapeutically.

In this case, as you see, the disease involves the arm, shoulder, the outer half of the left side from the clavicle and spine of the scapula down to the

level of the umbilicus, and the left side of the neck. You see how flaccid the tissues are here under the clavicle, as I lift them up with my hand; this is owing to the excessive development of the new tissue, and the expansion thereby produced. Here, on the other hand, in front of the elbow, we find firm bands of scar tissue, which has undergone contraction and condensation, and hence interferes considerably with the mobility of the part. Under and behind the lobe of the ear, we find this growing and prominent keloid tumor*. Here at the lower angle of the opposite scapula, are two or three small points of commencing keloid development.

On the outside of the left arm, you observe two small pits or depressions; these are points of skin not touched by the burn, and the new tissue has grown up around them, so that they look as though sunken below the surface. The course of the two forms is the same.

The disease is very prevalent in negroes, not only in the full blooded ones, but also is not unfrequently observed in nearly white persons. Keloid developes not unfrequently at the site of the pits left after an attack of small pox. So from acne indurata. I lately met with a case in which it was consecutive to herpes zoster. The patient was a negro girl, sent to me by my friend Dr. Randolph Winslow. She had a severe herpes, covering the right side of neck, breast and shoulders. Now, two years afterwards, at every point where there was a herpetic vesicle, there is a keloid tumor. Some of these are as large as my thumb.

The only points where the disease seems to be spreading in our present patient are in the neck and at the lower edge of the growth upon the side.

The diagnosis offers no difficulty; the only possibility of error is in confounding scar tissue with it. Burns are almost certain, when extensive, to result in some hypertrophic scarring. Let us consider for a moment the formation of scars. Repair takes place by the heaping up of cells of simple character. These cells give rise to an embryonic granulation tissue, into which there is an abundant prolongation of blood vessels. Under normal conditions, when this granulation tissue reaches the level of the healthy surface, its increase ceases, and the wound "skins over" by the concentric growth of epidermis from the periphery. In depressing conditions, such as scrofula, anæmia, etc., where the reparative processes are imperfect, knobs and tuberosities form and cause the granulating surface to project, and occasion what is popularly known as "proud flesh." If this is not checked and destroyed (as may be done by the application of appropriate agents, such as certain caustics, as silver nitrate, &c.), it mounts up above the adjacent surface of the skin, and when the healing is accomplished, leaves a reddish, elevated scar, very much like keloid. The distinction is to be based upon the history, and upon the fact that (unlike keloid) the scar never exceeds its original limits.

As for the form (whether true or false) that is immaterial.

The true treatment consist in letting keloid alone. It will usually gradually cease growing. If cut out by the knife, a larger extent of surface is left for the redevelopment of the disease. The only exception is, when it occurs in some situation, as the face, &c., where it is desirable under any circumstance to get rid of it even temporarily.

Recollect then that keloid is a perfectly harmless, a perfectly benign, new growth, whose almost unvarying tendency is to return after removal.

Tinea Versicolor.—The next case is one of Tinea Versicolor in a young woman. This is a very common affection, It is due to the presence

*Which is very characteristic in appearance, and such as you will usually find in this disease.

of a vegetable parasite, and almost always occurs on the breast and abdomen. It is characterized by patches of a faint coffee and milk color, and is always attributed by patients to disease of the liver. Slight itching accompanies it, and on scraping the affected surface with the handle of a scalpel, we find desquamation of the cuticle. It is said to be contagious, but is certainly so only in a very mild degree. I have never seen a case the origin of which I could attribute to contagion. Tinea Versicolor is often mistaken for Chloasma. Chloasma is a disease of the pigmentary layer of the epidermis, which differs from the other in causation, symptoms and results of treatment. It is usually observed on the face and neck in women, and being commonly associated with sexual disorder is known as C. uterinum. It may be due to dyspepsia, general bad health, &c., but more frequently to disease of the ovaries or uterus and pregnancy. It is unaccompanied by itching and desquamation, and disappears on removing the cause (disease of ovaries, &c.) In tinea, spores with mycelia will be discovered on examining the desquamated epithelium. The differences between the two are therefore, as you see, very marked. Maculations left by a fading syphilitic roseola, and the pigmentary syphiloderm may also be mistaken for this disease; but the history, the absence ot subjective symptoms, in these, and the presence of the parasite in the desquamated epidermis in the latter will not admit of confusion. Errors in diagnosis may, indeed, be readily made, and watchfulness will always be required. Tinea Versicolor may be benefitted in a week, and the patient may think himself well; we must not be satisfied however, with this result, but persevere so as to kill every spore, or relapse is inevitable. Among parasiticides the bichloride of mercury may be mentioned especially as being very effective, but I hesitate to use it for fear of a mistake. The best method of treatment is the following: Wash the part well with soap and water, to remove dirt, &c., then apply pure sulphurous acid. You cannot always rely on this agent as you get it from the druggists. The best plan is for the patient to get a large bottle and pour thence into a small one, according as it is needed, since exposure impairs its strength. If the skin be unusually sensitive, it may become necessary to dilute it one-half, one-third, or even one-fourth.

A solution of hypo-sulphite of soda (℥j to ℥j) is also very efficacious. The disease is perfectly curable, and we can assure the patient of recovery.

It has been said that consumptives are particularly prone to it. This I believe to be a mistake, and the error to arise from the constant exposure of the body, to which these patients are subjected in physical examinations, and by which the affection, unobserved in others, is revealed in them. If the statement were true, we might explain it upon the supposition that the sweating of consumptives affords a favorable condition for the development of the parasites.

Eczema Erythematosum.—The next case is that of a man, who tells us that, two weeks ago, his right arm began to inflame, that a great number of little vesicles made their appearance upon it, and that there was intense itching and burning, together with swelling of the part. The appearance now presented is closely like that of a fading erysipelas, and I at first sight thought it was, but the remnants of ruptured and dried vesicles, and above all the history of the case showed it to be one of acute eczema in the reparative stage. There is a good deal of œdema, as you see about the arm and hand. Rubbing the part, he says, gives him relief.

More or less scaling of the epidermis will take place, but the patient will get entirely well, and probably no chronic trouble will be left behind.

As he shows evidences of his health being rather run down, I will order for him the house tonic three times a day, and locally will direct the benzoated oxide of zinc ointment to be well rubbed over every portion of the diseased surface and also applied on soft rags wrapped around the limb. Avoid watery applications in such cases, because they are liable to excite exacerbations.

ORIGINAL PAPERS.

A REPLY TO THE ARTICLE BY DR. C. B. NANCREDE, OF PHILA., ENTITLED "SOME NEW OBSERVATIONS UPON THE ANATOMY AND FUNCTIONS OF THE ANKLE AND TIBIO FIBULAR JOINTS."

BY RANDOLPH WINSLOW, A. M., M. D.,

Lecturer upon Orthopedic Surgery and Diseases of the Joints, in the University of Maryland.

After finishing my lecture upon the anatomy of the foot on April 20th, 1880, I chanced to stop at the office of the MARYLAND MEDICAL JOURNAL, and whilst there picked up a copy of the *Philadelphia Medical Times* for March 27th, 1880. My attention was arrested by the title of a paper upon "Some New Observations Upon the Anatomy and Functions of the Ankle and Tibio Fibular Joints," by Chas. B. Nancrede, M. D., Surgeon to the Episcopal Hospital, Demonstrator of and Lecturer on Osteology and Syndesmology in the University of Pennsylvania.

In this article Dr. Nancrede points out some facts in regard to the natural configuration of the bones forming these joints, and draws conclusions there from, which are both beautiful and true; but when he claims originality or priority for these views, he is very much mistaken. Only one hour before his remarks came under my notice, I had demonstrated to my class at the University of Maryland the fact, that the wedge shape of the astragalus, with its base forwards, efficiently prevented dislocation of the tibia anteriorly, and thought the fact was so well known as to require but little explanation, and no authority for the statement.

Anyone will admit that the momentum of the body, as it is projected forwards in walking, and much more so in running and jumping, tends to cause an anterior dislocation of the tibia and fibula upon the astragalus, but the base of the astragalus being one-fourth wider than apex, the shock is somewhat broken before the impetus is completely arrested.

If, however, the astragalus was received into an unyielding socket, a very moderate shock would suffice to fracture one or the other of the malleoli. In order to prevent fracture, the lower extremity of the fibula is slightly moveable, and as the momentum of the body drives the tibia and fibula forwards upon the astragalus, the fibula springs outwards by its own elasticity, and not by an upwards movement of the whole bone.

During the past ten years at the University of Maryland, and for many years previously at the University of South Carolina, Prof. Francis T. Miles has insisted upon these very beautiful principles in regard to the functions of the ankle joint; hence having been brought up from the time of my pupillage with these views, I was very much surprised to find them enunciated as new. Prof. Miles, however, does not claim originality or priority for his views in regard to the functions of these joints.

It is somewhat singular that neither Dr. Nancrede nor his friends who are as he states, "two of the highest authorities on anatomy in this country," should have been aware of the observations of Geo. Murray Humphrey, M. B., F. R. C. S., Lecturer on Anatomy and Surgery in the Cambridge University Medical School, who

published a "Treatise on the Human Skeleton, Including the Joints," in 1858. Upon page 557 of this excellent work, we find the following paragraphs: "The upper articular surface of the astragalus is one-fourth wider in front than behind; the cavity between the tibia and fibula, into which it is received, is shaped in a corresponding manner; and the articular facets, on either side, are consequently sloped a little outwards from behind, which is most marked in the hinder part of the outer facet. This conformation is to prevent the leg being driven forwards upon the tarsus when we alight upon the ground in running, jumping, or walking; and for the same purpose, the posterior edge of the articular surface of the tibia descends a little lower than the anterior. It is not enough to say that the socket of the leg bones is shaped in conformity with this configuration of the articular surface of astragalus. For, if that had been all, and if the fibula had, like the inner malleolus, formed a part of the tibia, so that the socket had been hollowed out of the solid bone, and had maintained an unvarying size, it could not have been adapted to the astragalus in the different positions of the limb. It would have been either too large when the joint was extended, or too small when it was bent. But the outer malleolus, being a little movable, permits a slight alternate widening, and narrowing of the socket in flexion and extension; so that freedom of movement is combined with the maintenance of an exact co-aptation of the articular surfaces. This yielding of the outer malleolus in a lateral direction, under the pressure of the articular surface of the astragalus during flexion, and its recoil in extension, depend, not so much upon a yielding of the ligaments that bind it to the tibia, as upon the elasticity of the bone itself. Hence a careful examination will shew that, during flexion, when the malleolus is pressed outwards, the shaft of the fibula is at its narrowest part just above the ankle bent a little inwards; and *vice versa*, when the joint is extended, the shaft recoils to its former distance from the tibia."

Notwithstanding these facts were so clearly pointed out twenty-two years ago by Humphrey, there is a singular absence of recognition of their truth and practical importance in the modern text books of anatomy and surgery.

REPORTS OF CASES.

A CASE OF PARTIAL PLACENTA PRÆVIA, WITH MORBID ADHESIONS AND SUBSEQUENT RETENTION.

BY P. H. REICHE, M. D.,
Waverly, Md.

The subject of this case, Mrs. C., 34 years of age, mother of six children, was in her eight month of pregnancy, during the greater part of which, she suffered from leucorrhœal discharges and for some months past, had acute pains in the right lumbar region.

I was called on August 23rd, 1879, at 5 P. M., and on my arrival found her very anæmic, with feeble pulse, great dyspnœa, scarcely able to answer above a whisper, with occasional fainting spells and retching. I thought at first, from her appearance, she was dying, but was told by Mrs H. (a midwife) that she had been with her all day, and she was in labor, having had several very profuse hemorrhages, and, in extravagant terms, said she had lost more than a bucketful of blood.

On questioning my patient, she very feebly responded, with occasional yawns, that she had not expected her confinement for several weeks, but that early this morning, while seated in a chair, she experienced a slight pain following which was a discharge of water, which ran from one end of the floor to another. A short time after,

she had another slight pain, with considerable hemorrhage. Thinking, that her confinement was at hand, she sent for this midwife, who arrived about 10 A. M., and was told by her that labor had set in. From this time until I saw her, the pains had been only trifling in severity, but were accompanied each time, with very profuse hemorrhages, and when fainting supervened, with no progress in the labor. This midwife advised her to send for a doctor. When I first arrived, I found her in the condition I have already stated. After making an examination, found the os dilated to the size of a silver dollar, more than half of which I found to be flaccid and thin, the placenta presenting, and firmly adherent for the entire os, excepting about one eighth of its circumference, which was the only portion detached. Having made up my mind to force delivery, as her only safety, I asked for brandy, being afraid that without this stimulant, fatal syncope might be induced by this procedure, after having lost so much blood. There not being any in the house, and having no ergot with me, I got into my carriage to procure some. On my return, I found she had had another very profuse hemorrhage, which had almost produced a state of collapse. Pains now were only trifling with great restlessness and fainting. I gave her a large drink of brandy, explained to her what I was about to do, and proceeded to deliver in the usual way. When my fingers were dilating the os and pressing against the placenta, and in trying to peel off the same from its attachment, I felt a sudden tearing off of that portion, which adhered to the left side above the os. Dilatation now seemed easy, though unequal, the left side being much more easily dilated than the right. I found head presentation, fœtus dead, and had no difficulty in performing podalic version, and delivery was soon accomplished. All this time, there seemed to be a peculiar atony of the uterine structure, very few and slight contractions would every now and then take place, but hemorrhage had almost ceased altogether. But my patient's spells of syncope were increasing, brandy and ice were administered unsparingly. After waiting about five or ten minutes for her to react under this stimulant, I undertook to deliver her of the afterbirth, and found that the cord had snapped close to its insertion, and the placental mass implanted at the lower segment of the right side, so intimately connected with the uterine structure, as to almost constitute continuous parts of one organization. In consequence I was unable to insinuate my fingers between the placental and uterine surfaces, and knowing that I would subject this patient to the most serious consequences and positive dangers, by allowing the afterbirth to remain, I tried my very utmost for several minutes to separate the placental mass, yet had to retract my hand with only a portion of the membranes. During all this time hemorrhage was very trifling. I then waited a few minutes, and made another attempt at separation; this time I began at that portion near the os, which had been detached at the beginning of my manipulation, but after considerable perseverance, and using some force, my effort again proved futile, excepting that a piece about the size of a walnut had been unintentionally torn from its detached portion. My patient at this time with the powers of life very much depressed, was allowed to rest a short time.

Dr. Barron, of Govanstown, who had been sent for by the friends of the family when in search for a doctor, was present from the time I performed version until the present, and rendered every assistance. My hands had now become powerless, and I asked the doctor to try his skill in separating the placenta from the uterus, but who was also as unsuccessful as myself in this attempt, as well as another which he made sometime afterwards. I did

not feel satisfied as having done my whole duty without making another effort to relieve my patient in this perilous and dangerous situation, accordingly I introduced my hand, but with greater difficulty than before, on account of stronger contractions of the uterus. At this time the left side of the womb had much more contractile power than the right or placental site. When in the act of turning, the left side was very flaccid, with considerable atony, but now it had considerable contractile power, while the right or placental site seemed to be almost paralyzed, judging from its tendency to fall into my hand. Yet I encountered the same difficulty as I did at first, and found the uterine and placental surfaces so closely agglutinated, that I was unable to discover where the uterus began, or where the placenta ended, in consequence of which I retracted my hand, and with the consent and advice of Dr. B., left the case for a time at least to nature. For several hours I administered brandy and ice (ergot being rejected by the stomach); under this stimulant, the pulse became stronger and more distinct, with little or no hemorrhage. It was now nearly three o'clock at night, and Dr. B. having kindly offered to watch the case, I left her and returned in the morning, August 24. Patient had had a few short intervals of repose, pulse 120, still very weak, some febrile re-action, tenderness over the entire abdomen, uterus contracted, could feel externally quite a hard ridge over the right side of the uterus, indicating to me the placental attachment. Vaginal examinations revealed contraction of the os, with a small portion of placenta in its centre, no hemorrhage with but slight lochial discharge, somewhat fetid. I used hot water with carbolic acid and glycerine as an intra-uterine injection, this created some pain, and expelled very few small clots and shreds of membranes. I made no attempt at extraction, on account of the contractility of the uterus and the feeble condition of my patient, there being no hemorrhage. Had hopes that this placental mass would be expelled in a day or two. I ordered plenty of milk with lime water, brandy and ergot alternately, and prescribed quinia five grains, with opium one grain, every four hours. The nurse, a reliable colored woman, used injections of hot water with carbolic acid and glycerine every three hours, and on my return in the evening, found pulse one hundred and thirty, regular with increased volume, temperature rather higher than in the morning, no vomiting, no pain, lochial discharge somewhat increased and more fetid. Examination per vaginam, revealed nothing new.

August 25th.—Patient had slept for an hour or two at a time the previous night. Pulse 130 and strong, high fever, painful tenderness over entire abdomen, uterus seemed smaller, lochia not excessive, but very putrid, so much so, that I ordered disinfectants over the bed and about the room. Continued quinia five grains with hyoscyamus one grain instead of the opium, every three hours, and concentrated liquid nourishment, brandy and ergot. Patient was unable to raise a limb, or turn in bed. Condition of uterus about the same, excepting great heat about vagina. Continued injections every four hours.

August 26th.—Temperature very high and pulse one hundred and thirty. Examined all the cloths, could see nothing but a few small clots, and some debris of membranes, all very putrid. Continued same treatment all day. At my evening visit, found pulse less frequent, and fever not so high. Had had occasional pains, but no hemorrhage. Lochia about the same as in the morning.

August 27th.—Patient had slept more during the night, discharge not very fetid. Dr. John Morris saw patient with me this morning. His examination revealed a portion of placenta in the os, but the greater part in

the uterus. He advised me to continue my treatment, and place at the os raw cotton steeped in carbolic acid and glycerine, and gave as his opinion that the placenta would come away in a day or two. At my evening visit found a return of high fever, with a more frequent pulse, the whole abdomen very tender and very much distended. Removed carbolized cotton, when a most putrid gas escaped, with a coffee-ground discharge. Injections gave considerable pain. Continued quinine and ergot through the night.

August 28th.—Fever very much less. Abdomen tender, but not much distended. Discharge not more than usual, yet very putrid. At this time the face, hands and feet were very much swollen, and this continued for several days. Patient was not yet able to move herself. Quinia was still administered, but at longer intervals. Fl. ext. ergot in thirty drop doses was ordered every four hours. At my evening visit found no material change.

August 29th.—A small piece of placenta about the size of a walnut, which had the appearance of the snapped end of the cord was found on the cloths with some coagulated blood. Temperature a little more than natural, and pulse less frequent. There appeared to be a slight return of hemorrhage. Ordered forty drop-doses of ergot every two hours, which I found at my evening visit to have given more pains than she had had at any time since my manipulation to extract placenta, but no hemorrhage. I now thought that expulsive pains had set in, and that the uterus would clear itself of its contents before morning.

August 30th.—Saw nothing but brownish stains and a few small clots of blood. She had had pains all through the night, and they continued all through this day. On making another examination in the evening, I was able to introduce my finger into the os, and by external pressure pushed the womb sufficiently over it, that my sense of touch conveyed the impression that the placenta was still firmly attached, being pushed almost against the left side of the womb, from which my finger could easily separate it. I was, however, much astonished, that on my withdrawal of the hand I could not detect anything very putrid.

August 31st.—Visited her morning and evening. No fever, and pulse about ninety. Complained of pain when injections were given her, but these came away almost clear. They were now only given night and morning.

September 1st.—Could see nothing of a placental character in the slight discharge which she had through the night. She now expressed herself as feeling a good deal better, but still extremely weak. She relished her food, and had no indication of fever.

September 2nd.—Patient got along as well to day as yesterday, ordered ergot to be continued in forty drop-doses three times a day, and discontinued quinia (I find that I neglected to note the state of her bowels and kidneys, but I remember that the action of the kidneys and bladder required no interference, and that I had the bowels moved by enemas every other day). From this time, September 2nd until September 6th, I have nothing different to relate. I was very careful every day to make inquiries and look at the clothes for portions of the afterbirth, but saw nothing of that nature. I now made another examination, could still introduce my finger into the os, and still felt the right side much thicker than the left. The swelling of face, hands and feet had almost disappeared. She relished her meals, and could set up in bed. Continued my visits once a day for three weeks longer, after which I visited her every other day for a whole month. Made constant inquiries regarding discharges, and I have every reason to believe that every soiled cloth was saved for my inspection, and during all this time saw nothing of placental structure, the

discharges being not excessive in comparison with those of a natural labor, excepting that every now and then I would see some shreds of coagulated blood of a tarry consistency.

On September 20th, just four weeks from the beginning of her labor, she experienced some pains, and had slight hemorrhages, but not more than she usually had at her regular menstrual periods. I advised absolute rest and in two or three days these bloody discharges disappeared. She was now able to set up, yet unable to walk, but in two or three weeks as her strength improved was able to move about the room.

On October 7th.—I was shown two clots of blood, one small, the other of larger size, which she had passed the night previous without her knowledge, from this time until the present, her discharges have stopped altogether. After being in her room for eight consecutive weeks, she ventured down stairs, and gradually resumed her household duties.

December 13.—Menstruation made its appearance, lasting five or six days, and from this time to the present she has menstruated regularly every twenty-eight days, and when I visited her the other day, stated that she had less pain during these periods now, than at any time during her previous life. Leucorrhœa from which she had suffered for so many years had ceased and that she was in better health now than she had been for many years.

SOCIETY REPORTS.

BALTIMORE ACADEMY OF MEDICINE.

MEETING HELD MARCH 16TH, 1880.

H. P. C. WILSON, M. D., President, in the Chair.

B. B. BROWNE, M. D., Recording and Corresponding Secretary.

E. F. CORDELL, M. D., Reporting Secretary.

The Academy was called to order at 8.30 P. M. After the transaction of routine business, the following discussion on PLACENTA PRÆVIA—ADHERENT PLACENTA took place, the subject being suggested by the report of a case by *Dr. Reiche*, for which see the present number of the MARYLAND MEDICAL JOURNAL, page 29.

Dr. Erich disagreed with Dr. Reiche as to the propriety of leaving the placenta in utero. With the blunt curette of Thomas, there is very little difficulty in removing a retained placenta without injuring the uterus itself. This is a very valuable instrument, and perfectly safe even in the hands of students; it only removes such tissues as project above the surrounding surface. Moreover, the tough and fibrous nature of the uterine tissue preserves it against injury.

In the last five or six weeks, he has removed portions of retained placentas from two patients at the *Maryland Women's Hospital*, in both with the curette. In one the patient had been bleeding for four months, and was extremely anæmic; a very small portion of a placenta was found and extracted. In the other the patient had bled for three months; here again the portion retained was small. Such a termination as that met with in Dr. Reiche's case was fortunate, but not to be expected.

With reference to the antiseptic to be employed in such cases, the selection is a matter of no small importance. It is desirable to secure some solid substance that will gradually dissolve in utero; boracic acid suppositories fulfil this indication, each containing grains xx boracic acid and cocoa butter, and are in constant use with the speaker in cancer and labor. One can feel the gritty crystals of boracic acid for hours after introduction. Boracic acid is odorless and not at all penetrating, and has many advantages over carbolic acid, which can only be employed in a weak solution, and being in a liquid form necessarily

remains only a short time in contact with the suppurating surface.

Dr. H. P. C. Wilson had seen but one case of Placenta Praevia in 30 years practice, and that one in consultation. It was decided to bring on labor at the 8th month. The os was dilated first with the fingers, then with Barnes' bags, after which the fœtus was turned and rapidly delivered. Both child and mother lived. He considered Dr. Reiche's case a very remarkable one; he had never seen, heard or read of one like it. He would have expected subsequent hemorrhages or septicæmia. He had no doubt that every effort had been made to remove the placenta, and he did not think the case could have been managed better. If he were allowed to examine this patient at the present time, he would expect to find a malformation corresponding to the site of the placental adhesion. In the treatment of Placenta Prævia his rule of action would be never to let the patient go to term, but to carry her as far as possible without letting her become exhausted by hemorrhages.

Dr. Chew referred to a case in which, after great loss of blood, being called in in the emergency, he found the os sufficiently dilated to admit of the removal of a small dead child, after which the uterus contracted, and hemorrhage ceased.

Dr. Erich referred to several cases in his experience, besides those already mentioned by him.

1. Hemorrhage occurred about the eighth month; os not dilated. The patient went on to term, with one or two small repetitions, and had as natural a delivery as possible.

2. Here he was obliged to introduce a colpurynter which checked the hemorrhage and even on its removal the amount was slight. Version not necessary here.

3. This patient was found lying in a pool of blood; the colpurynter and T bandage were applied for twenty-four hours, at the end of which sufficient dilatation had taken place to allow the hand to be introduced and delivery effected.

4. In this case he introduced his hand, — pushing the placental mass aside,— turned and delivered.

5. Tampon introduced; on its removal the os was found dilated, allowing the hand to be introduced; seized the feet and brought them down; the child born alive,—the first living child in any of the cases here reported. The afterbirth came away without the need of interference.

Dr. Erich does not regard it as justifiable to induce labor where there are moderate hemorrhages. In the contrary case, with an undilated os he would use a colpurynter or Barnes' dilators; with os dilated sufficiently he would introduce his hand and deliver.

Dr. Morris expressed his belief in the possibility of the absorption of the placenta; he saw a case 25 years ago in which it was never passed. He referred to a case of Placenta Prævia, in which hemorrhages began at 6th or 7th month, yet the patient was carried on to term. The tampon and colpurynter both have their utility in these cases. Both tend to dilate the os. He considers the latter best; it is easily applied, and being soft can do no harm. In a case seen with Dr. Seldner, after one hour's use of the colpurynter, the os was sufficiently dilated to allow of delivery. The child was born dead, but the mother recovered.

In another case fatal septicæmia appeared on the 17th day.

The tampon or colpurynter below, and pressure above upon the fundus, are the true remedies for this condition.

Dr. Murdoch referred to a case of complete implantation, in which he peeled away a part of the placenta so as to allow of introduction of the hand and delivery, after which the placenta was delivered. The practice in Dublin, during his attendance in hospital

there, was in partial Placenta Prævia, to rupture the membranes and then to administer ergot,* (the only instance in which it was considered justifiable in the first stage). He believed in inducing labor (if required) any time after the 7th month.

Dr. McKew had known of several cases of permanently retained placenta in the early stage of pregnancy, and asked, should we always enterfere forcibly in cases of retained placenta, or only on the appearance of bad symptoms?

Dr. Erich said we can remove portions of, or entire placentæ, in the early days of pregnancy without difficulty with the finger. In reply to Dr. McKew, he would say that in all cases he would give chloroform, dilate the os, and scrape off the mass with the curette; the operation is a very trifling one. Hemorrhage and septicæmia are to be apprehended where we leave the case to nature.

Dr Morris would not interfere, unless the hemorrhage was threatening or obstinate He would inject hot water, and expect the placenta to come away *en masse* or to be thrown off dissolved in the discharges.

Dr. Wilson never feels safe with a placenta left in utero after labor, premature or at term. In a large majority of cases, the placenta may come awa without difficulty, but every now and then we lose a case from hemorrhage or septicæmia. He would never dilate in any other way, than with the finger to remove a placenta after abortion, and would never use the curette under such circumstances. In retention at one, two, or three months, he tampons the vagina (saturating the tampon with a weak solution of carbolic acid); in twelve or twenty-four hours the finger can enter the uterus on removing the tampon, and the placenta be delivered.

He would say, in conclusion, that in ninety-nine out of every hundred premature labors, he could remove the placenta.

* The head thus acting as a plug.

THE EIGHTY-SECOND ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

(Continued from last number.)

Prof. A. B Arnold, Chairman of the Section on Practice of Medicine, read a paper on "The Use of the Sphygmograph in Practice," and exhibited a number of diagrams on an enlarged scale, which illustrated the original tracings he had taken for the purpose of examining the pulse curve in various forms of disease. The instrument he used was Pond's Sphygmograph, for which he claims many advantages, especially on account of its compactness and easy adjustment. A short and lucid description of the normal type of the pulse curve and its interpretation opens the main subject of the paper. Then follows an interesting comparison between the senile and the atheromatous curves, of which characteristic specimens are given. Much space is awarded to the consideration of the different grades of dicrotism, and the many illustrations in which this peculiarity of the curve is specially developed, are very suggestive, and of practical interest. Particularly noteworthy are the tracings showing abnormal dicrotism when nitrite of amyl and pilocarpin where given. Some striking specimens of increased tonicity of the arterial walls occurring in cases of chronic Bright's Disease will no doubt attract attentions, since it is evident that the sphygmograph can be made available for diagnosis of the early stage of this disease. The graphics of organic affections of the heart afford valuable information, principally for the reason of exhibiting the extent and direction of the failure of compensation. The curves taken from cases of aortic regurgitation were of especial interest,

since, as Dr. Arnold pointed out, the sphygmograph registers in a legible manner, each element of perverted function in the form of mechanical disturbance. Very instructive examples of tracings are given, which show the effects of digitalis.

Considerable assistance is also afforded by the sphygmograph in solving the difficulty of discriminating between hæmic and endocardiac murmurs. An excellent illustration is given in proof of this fact. The pulse curves taken during the anæsthesia of chloroform are quite interesting, and Dr. Arnold remarks that "if the sphygmograph be consulted upon the moot question as to whether danger in chloroform narcosis primarily proceeds from interference with the respiration or of the circulation it would decide for the latter, since all graphics taken during the inhalation of this drug show commencing failure of the heart's action." It would overstep the limits assigned to a brief notice of this paper if a more extended account were taken of the teachings it contains and describes. The paper closes with the remark which will meet with general assent; that "the sphygmographic examination of the pulse merits a conspicuous place among the methods of physical diagnosis."

Dr. James A. Steuart, Chairman of the Section on Sanitary Science, presented a report on the progress of this department during the past year. This report called attention to the great importance of Public Hygiene and State Medicine, to the gratifying results which were following the work of Sanitarians all over the world, and to the awakening of the public mind to the vast importance of this subject. As the best evidence of the value of the labor in Sanitary Science statistics show that where such sanitary measures have been recommended and adopted the death rate from zymotic diseases, compared with former periods, has obviously decreased.

The Section referred to the efforts made during the past year in the city of Baltimore to remove *one* most prolific source of disease, the poison pump water. It was shown by analysis that water secured from the city pumps was in an alarming and disgusting state, totally unfit for drinking purposes. As each pump was examined it was condemned and measures taken to prevent its continued use. The result of this summary proceeding averted an evil as is shown by the diminished death rate in such wards of the city as were most dependent upon the use of pump water.

The condemnation of the pumps and the substitution of public fountains supplied with city water, although a great step in advance, is by no means all that is required to recover the public health. The wretched system of privy wells remains, with all its dangerous soil supersaturated and the poisonous effluvias arising therefrom. To such atmospheric poisons are justly attributed the so called zymotic diseases.

The Section next called attention to the importance of a new system of sewerage for the city and to the necessity of separating the storm water sewerage and the house sewerage as essential to the best sanitary regulations. Surface drainage was regarded as more conducive to the health of this city than a general system of storm water sewerage would be, but a separate system should be provided for house sewerage proper.

The plan suggested for this latter system is to lay down in every street, lane and alley of the city, pipes varying from six inches to three feet in diameter, and arranged upon such engineering principles as will secure the proper flow of their contents from the smaller to the larger pipes until reaching the final outlets at a proper place and distance from the city. This should be secured by a co-ordinating system of flushing and ventilation. The house connections should

be made into the water pipe which must in all cases be of iron, and carried to and above the roof of the house, with open end for ventilation.

The value of vital statistics and the necessity for co-operation upon the part of the profession in securing such data were briefly referred to. Reference was likewise made to the use of disinfectants in Hospital wards and private departments and to their value in destroying germs and arresting the progress of disease of zymotic nature.

Dr. I. D. Thomson from the Section on Psychology submitted a lengthy paper entitled "What can be done for our Imbeciles." He began his remarks by difining the different degrees of idiocy, and in describing the distinction between idiocy and insanity. Idiocy is divided into three grades, idiocy proper, imbecility and weakmindedness, named in accordance with their varying degrees of intellectual deprivation.

The two higher grades are of greater interest because for them the largest measure of good can be accomplished and because from them, if neglected in youth, the greatest outcome of evil is to be apprehended.

These two classes are incapable of being treated either morally or mentally—by the ordinary methods of instruction. Until within a comparatively recent date it was not thought possible to improve the mental condition of these unfortunates, but recent experience has clearly proven that under the training and teaching of those specially skilled, and in institutions specially conducted, great good can be done, and astonishing moral, intellectual and physical improvement can be accomplished.

Many of the methods employed to develop the various mental functions are those originally recommended by Seguin which have been described as "the adaptation of the principles of physiology, through physiological means and instruments."

The efforts to obtain the best results for these unfortunates have been classed as follows. Imbeciles should be treated distinctively from all other classes. They cannot with advantage be placed in ordinary schools with other children. They should not be associated with the insane in lunatic asylums. They should not be incarcerated in penal institutions. They should not be congregated with the pauper inmates of alms-houses. They are better and more successfully treated in well organized institutions than is possible at their homes."

Dr. Thomson remarked that Maryland had been prompt to recognize and respond to the claims of her defective classes by liberal provision for her reformatory institutions, hospitals, deaf and dumb asylums, blind, sick, etc., but up to this time the wants of this most dependent of all dependent classes have been ignored or overlooked. The cause of this neglect was assigned to the fact that this subject had not been persistently brought to the attention of her state authorities.

The medical profesion should use the potency of its influence in directing public attention and action to the long neglected claims of our imbeciles.

From the Section on Ophthalmology and Otology there was no formal report, the appointments upon this section having been made only a few days before the meeting of the Faculty.

The Chairman, Dr. Theobald, however, exhibited a new eye bandage, which he had recently contrived. It consisted of a head-piece formed of two strips of thin flannel, twelve inches long and two inches wide, the ends of which were sewed together at right angle, and an eye-piece with button holes at each end, through which the tapes, attached to the corners of the head-piece passed. It could be used either for one or for both eyes, by changing the shape of the eye-piece only. Dr. Theobald showed how,

when both eyes were to be bandaged, the head-piece, should be placed on the back of the head, like a night cap, and the tapes should pass over both ears, and when one eye was to be closed, it should be placed over the opposite side of the head, the eye-piece being placed obliquely over the eye, and the tapes should pass under one ear and over the other. He had found the bandage very useful, and that it was more comfortable and kept in place better than any of the other contrivances for the same purpose, and especially than the monocular bandages heretofore in use. He also suggested that it could be used to bandage any portion of the face.

Dr. J J. Chisolm from the same Section read a lengthy paper on "Optic Ciliary Neurotomy the Proposed Substitute for Extirpation of a Lost and Painful Eye-ball."

Dr. Chisolm began by remarking that the very recent application of nerve section for the relief of painful and dangerous eye affections is rapidly growing in favor as evidenced by the published reports of consecutive trials at the hands of many surgeons.

The literature of this operation was next reviewed at some length and the advantages of this method contrasted with that of enucleation of the eye-ball. The inference is drawn in favor of cutting the nerve only and leaving the enervated ball still a mass of living tissue to be moved about by the muscles although dead to any reflex troubles which its presence would otherwise occasion. Hence the preferable acceptance of a neurotony instead of extirpation. It is believed by many surgeons that this new operation offers the same degree of protection as is known to follow the removal of the injured eye.

The operation as practiced presents five different methods which are, however, capable of being condensed into two classes In both an opening is needed through the conjuctiva to reach the back of the eye-ball and the entering nerve exposed for division. Some surgeons recommend a horizontal conjunctival wound as all sufficient for perfecting the steps of neurotomy, while others practice the detaching of the tendon of the rectus muscle by means of a vertical incision through the conjunctiva. Dr. Chisolm prefers the single horizontal incision. In 10 optic ciliary neurotomies he has performed, he has always located the incision at the inner canthus preferring this to the outer section. The operation is one which does not occupy more than ten minutes in the chloroforming and the completion of the nerve section.

In this operation Dr. Chisolm has invariably used chloroform as the pain preventing agent, as the operation is necessarily a very painful one without the intervention of an anæsthetic. Dr. Chisolm has not observed any dangerous consequences from hemorrhage, and in his cases has never lost an amount exceeded by a few drachms.

Among the most prominent dangers to be apprehended is the accidental incision in the sclerotic, near the posterior axis. Remote trouble may necessitate a repetition of the operation or the removal of the eye, as when pain returns in the lost eye an evidence either that the nerve had not all been divided, or that re-union had been established.

Prof. Miles exhibited a case of Probably Amyotrophic Lateral Sclerosis in a man about forty years old. The left arm and hand of the patient exhibited by measurement a very considerable diminution in volume. Dr. Miles called attention to this atrophy as affecting not groups of muscles in different degrees, as in progressive muscular atrophy, but as having invaded the whole limb equally, from the hand to the shoulder. Attention was directed to the remarkable spastic condition of all of the muscles of the affected limb, a condition indeed, which was to be observed in a less degree in the right arm and the legs. The

patient could not relax the muscles suddenly, could not for instance drop the arm suddenly to the side. In making passive movements of the arm a jerky sensation was imparted to the hands of the person manipulating as in moving the stiff joints of a wooden doll.

There was decided loss of strength, especially in the left arm, but the Dynamometer showed more muscular power than the patient believed himself possessed of. Loss of the accustomed use of the hand and arm appeared to be more dependent on rigidity of muscles, than weakness. The patient tried in vain to tap rapidly with his finger of the afflicted hand. There was some tremor but not much, and it was not notably increased by intentional movements, or excitement, as is the case in multiple sclerosis.

Sensation every where normal, electrical reaction of the muscles normal, or at most a slight increase in the left arm.

Opthalmoscopic examination gave negative results. He complained much of the startings, and drawings in limbs and body; most in the left arm and leg, and of great weakness of the legs, though he takes pretty long walks. There is no atrophy of legs. The tendon reflex at first sight might appear diminished, but Prof. Miles pointed out that it was obscured by the general rigidity of all the muscles of the lower limbs, excited by tapping the ligamentum patellæ. There is not the slightest incordination of movement. A little stiffness of the muscles of the face was observed, their being only a very gradual relaxation, after they contracted, as in smiling, giving prominance to the naso-labial lines. He complained of occasional stiffness in the jaws in eating, thought he could not chew as well on the left side. Said he found difficulty sometimes in saying the word he wanted, but Prof. Miles had not observed this in conversation with him.

Prof. Miles said there was no difficulty from the symptoms in locating a lesion in the lateral columns, causing the spastic condition of muscles, and in the cervical region also implicating the anterior horns causing the atophy of the arm. While the symtoms closely resembled those of amyotrophic lateral sclerosis there were certain points which left it in doubt whether it would not in the end prove to be a case of Disseminated Sclerosis.

The patient insisted that his symptoms dated back some five, or six years, a time notably longer than the usual duration of amyotrophic sclerosis. It was almost too flattering a view of the treatment to suppose it had been so potent in retarding the advance of the disease. The treatment had consisted in galvanism to the spine, the exhibition of ergot, *potass iod &c.* There was no history of syphilis.

Dr. Randolph Winslow read a volunteer paper entitled " Clonic Spasm of the Muscles of the Arm and Trunk." Dr. Winslow remarked that in few branches of neurology is a correct diagnosis more difficult of attainment than in those affections whose chief, and perhaps only symptom is perverted mu cular action, or spasm. He thought that, at present, we are unable by observing the spasm of certain sets of muscles to refer the irritation to any definite portion of the nervous system. Notwithstanding the great flood of light which has been thrown upon the physiology of the brain by recent investigations we have yet much to learn of the functions of the various portions of cerebral structure.

After referring to the literature of the subject of clonic spasms and defining the nature, symptoms and treatment of the condition, Dr. Winslow reported the history of a very interesting case. The patient was a negro woman, aged 70 years, who was suddenly seized with trembling

and jerking of her arm. The spasms were unitaleral and affected the left upper extremity above. There was no history of previous disease. She was entirely conscious both during and between the spasms. Sensation in the affected muscles was perfect, and beyond a feeling of fatigue and soreness from the excessive muscular action there was no pain. At the commencement of a spasm, the arm was flexed, then the shoulder was raised and drawn violently across the breast by the pectoralis. The treatment employed consisted of liberal use of bromide of potash and chloral, and cups freely applied over the anterior surface of the thorax. In the beginning the pectoralis major was the muscle most excited but finally those around the shoulder and muscles of the forearm were affected. Iodide of Potash was subsequently employed. The case recovered.

Dr. I. E. Atkinson read a volunteer paper, entitled "The Use of Caustics in Dermatological Practice with Special Reference to the Treatment of New Growths."

The object of this paper was to attract the attention the subject deserves, to a method of treatment that has been neglected by the regular profession and allowed to a great extent to fall into the hands of quacks and ignorant charlatans. To obtain the most desirable results from the use of caustics, the cases are not to be taken indiscriminately, but must be carefully selected; for where the knife can be employed to accomplish a result as perfectly as is desired, of course the appeal to caustics would be absurd. There are conditions however, notably in lupus and ephithelioma, where the new growths are scattered and irregularly distributed, where they are exceedingly superficial, in a word, where the knife can only be used at the risk of producing hideous and totally unjustifiable deformity; again there are certain inflammatory conditions as phagedæna malignant pustule, etc., where the caustic action is most desirable. For ordinary purposes the actual cautery, caustic potash, nitric and sulphuric acids and the various well known agents are applicable; but it can readily be understood, that if we were compelled to chose between an all destroying caustic and the knife, that the latter would nearly always be preferred. There are, however, certain agents whose action is for the most part exerted upon morbid tissue and it is these that often give brilliant results not otherwise attainable. They dissect away and destroy morbid growths as if with a microscopic eye and leave the healthy tissues nearly unaffected. The anhydrous zinc sulphate, the silver nitrate, the arsenical paste of Cosmé as modified by Hebra, the two latter especially possess remarkable properties in this that they often fill the full measure of expectation of him who employs them. Judiciously employed the actual and potential caustics frequently offer greater advantages than any other method.

Dr. L. McLane Tiffany presented a paper on the "Diagnosis of Malignant Tumors of the Upper Jaw in Youth."

Malignant tumors of the upper jaw occurring in childhood are characterized by extremely rapid increase at the expense of surrounding tissue. Early diagnosis is absolutely essential that the surgeon may offer to his patient reasonable hope of cure.

With the laudable intention of assisting the diagnosis of this condition, Dr. Tiffany reported the history of three cases, which had come under his observation and treatment, in which he had successfully removed the upper jaw.

Case 1. Age 9 years, suffered slight pain about the upper canine tooth. Two weeks later a slight fulness appeared by the side of the tooth at the border of the gum. A diagnosis of Sarcoma was arrived at and its removal effected by extracting

the canine and two adjacent teeth, and cutting away the gum and alveolar border. Patient returned home.

Three weeks later this same patient returned with a renewed growth protruding from gap left by the former operation. Evidently the first operation had not reached the spot from which the tumor originated.

Dr. Tiffany now operated through the mouth so as to cause no scar. The cheek and lip were freely dissected from the bone as far as the infra-orbital foramen. All teeth posterior to the lateral incisor were extracted. The whole alveolar border was removed. Chloride of Zinc pure, was rubbed into the exposed bone surface.

To prevent blood from pouring into the trachea, the patient was placed on the belly, the head raised and facing the window. The blood ran at once from the mouth to the floor. This device of position rendered the operation easy. It is now five and a half years since the operation and no recurrence has taken place. The microscope showed spindle cells, vessels and delicate connective tissue. Case 2 was a male, aged 18 months, with a history extending over one month. Examination showed a tumor, the size of a pea, attached to the alveolar border of the jaw by a broad base.

The removal was effected as in case 1. Two years later no return.

Case 3, a female, aged 16 years. The left upper jaw was the seat of the disease. In this case the removal of the entire upper jaw was required. This was effected under chloroform. Laryngo-Tracheotomy was first done. The incision was made with the gas cautery because the patient had a vascular goiter. Anæsthesia was kept up through the tube. The pharynx and mouth were stuffed with sponges. An incision was carried through the lower lid, external to the punctum, downwards by the nose, around the ala to the middle line of the lip. The flap was reflected so as to uncover the tumor. The entire tumor was next removed.

This patient has recovered.

These patients were all from the country and in robust health.

Sarcoma of the upper jaw is the privilege of youth and rarely occurs after the twenty-fourth year. A cause is generally wanting. Males and females are about equally affected. Progress of the disease is rapid and the invasion insidious. The treatment consists in the removal of the tumor, together with the bone from which it grows, otherwise there is local recurrence.

The following officers were elected for the ensuing year: President, Dr. H. P. C. Wilson; Vice-Presidents, Drs. L. McLane Tiffany and G. Ellis Porter; Recording Secretary, Dr. Wilson G. Regester; Assistant Secretary, Dr. Eugene F. Cordell; Corresponding Secretary, Dr. J. Edwin Michael; Treasurer, Dr. Judson Gilman; Executive Committee, Drs. Christopher Johnston, T. S. Latimer, J. C. Thomas, P. C. Williams and I. E. Atkinson; Board of Examiners for Eastern Shore, Drs. W. W. G. Wilson, A. H. Bayley, J. A. Johnston and J. E. M. Chamberlain; Western Shore, Drs. Charles H. Jones, H. M. Wilson, Richard McSherry, Jas. A. Steuart, F. T. Miles, T. B. Evans and S. C. Chew.

THE UNIVERSITY OF EDINBURGH has just been made the subject of a munificent bequest by the late Dr. Andrew Vans Dunlop. He has left it the sum of $250,000. Most of the money is to be expended in founding sixteen scholarships, furnishing each an annual income $500, tenable for three years. Six of these scholarships are for students of medicine.

PERSONAL ITEMS.—Sir Thomas Watson, Bart., M. D., celebrated his eighty-eighth anniversary in London on the 7th of March

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BALTIMORE, MAY 15, 1880.

EDITORIAL.

MEETING OE THE AMERICAN MEDICAL ASSOCIATION.—The Thirty-First Annual Meeting of the American Medical Association, will convene in New York City, on the first Tuesday in June. It has been intimated that this meeting will be more largely attended and of more imposing interest than any previous meetings of this body. New York, being the great metropolis and medical centre, is expected to make the coming meeting a grand success. She has expressed a determination to make the occasion worthy of its national importance.

It is highly probable that the social feature of this meeting will be magnified to intense proportions, and will exceed anything of its kind in the history of medical assemblies. New York has great capacity for social entertainment, and her ability to provide enjoyment is only equaled by her willingness to dispense, with lavishness, the resources at her command. In view of the expressed determination upon the part of the profession of New York to entertain the association in a most lavish manner, it is to be feared that the coming meeting will degenerate into grand social re-union, and the importance and value of the meeting lost sight of in the busy whirl of fun, sight seeing and collations.

The social feature of the American Medical Association is a strong element, and exercises a useful purpose, but it should be kept in mind that it is the least important motive which should actuate its membership.

It has been too much the case, in times past, that this national organization has assumed the role of a huge jollification party, and in consequence has accomplished comparatively little for the profession. An examination of its published Transactions will show that the papers presented and work done by the association, with the exception perhaps of the prize essays, have not surpassed in excellence many of the volumes of Transactions published by many of the State Medical Societies. It may be that we expect too much of the American Medical Association. Its national importance and high functions as a Medical tribunal, towards which the profession throughout our country are accustomed to look for measures of reform and guidance in professional undertakings, demand that the organization should aim to fill the highest mission of usefulness, and that its meetings should be made to accomplish such practical results as are needed by the profession at large.

Prominent among the purposes of this association should be the discussion of such questions as relate to medical legislation, quarantine regulations, sanitary matters of state and national interest, the enactment of rules for regulating suits for malpractice and preventing the creation of laws interfering with dissection and vivisection. This association has great political strength, and it should exercise this power in suggesting wise legislation, in commending the claims of scientific knowledge to the state and national authorities, and in combatting the evils of unjust measures which contract the influence of medicine.

It is earnestly to be desired that the coming meeting, to be held in New York, will not waste its time in idle amusement, but will take into consideration questions of vital interest to the profession. The meeting can accomplish great practical results if it so desires, or it can waste its time in social conviviality, in excursions to Coney Island and other objects of metropolitan interest, or in discussing dull questions, and ponderous reports and papers.

It remains to be seen whether this meeting will be converted into a huge conviviality or into a practical organization bent upon doing a useful professional work.

MEETINGS OF LOCAL MEDICAL SOCIETIES OF BALTIMORE.—The regular meetings of the *Clinical Society* are held on the first and third Fridays of each month.

The Baltimore Academy of Medicine meets on the first and third Tuesdays of each month.

The Baltimore Medical Association meets on the second and fourth Mondays of each month.

The above societies hold their meetings at No. 122 West Fayette street, at 8 o'clock P. M.

The Medical and Surgical Society of Baltimore meets at the north west corner of Baltimore and Eden streets, on Wednesday of each week at 8½ o'clock P. M.

Postal cards are mailed to members notifying them of the subjects to be discussed at each meeting.

EXTRA-UTERINE PREGNANCY.—We had an opportunity of witnessing an operation for Extra-Uterine Pregnancy at St. Vincent Hospital, in this city on Tuesday, May 11th.

The operation was performed by Dr. H. P. C. Wilson, in the presence of a number of medical gentlemen. The case is one of uncommon interest, and the only one of its character of which we have been able to gain any knowledge.

The mother, a multipara, aged between 30 and 35, gave birth to a living child on the fifteenth day of April last, the child being about the eighth month of gestation. After its birth it was observed that another child was present, but an examination failed to reveal its presence in the uterus. The patient was left undisturbed to await developments. Subsequent examinations established an extra uterine pregnancy. The patient was carried as near her natural term as possible, before subjecting her to an operation. The operation consisted in making an incision through the abdominal walls, through which a living child was delivered. The placenta and sac were left *in situ*, and the abdominal wound closed with the exception of a free opening for drainage.

It is to early to speculate upon the result. Both mother and child are now living, and it is to be hoped the final result will be all that could be desired.

We hope to be able to report this case at length in an early number of this JOURNAL.

REVIEWS & BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

"Tetanus Terminating Fatally from Enucleation of an Eyeball," is the title of a paper now before us from the pen of Dr. J. J. Chisolm, of this city. This paper reports the history of a case exhibiting some points of interest.

The patient was seventy years of age, a time of life when complications of a tetanic character are not looked for. The operation was a simple enucleation, one of the most common ophthalmic operation, and one in which the loss of life is of the rarest occurrence. Convalescence had well set in, and the case was deemed nearly cured, when on the fifteenth day the first symptom of sore throat showed itself. The day following there was a stiffness of the jaw. On third day the mouth was opened with difficulty. In this condition she remained for six days. Opisthotonus supervened on the seventh day, and the patient died on the eighth day from the time she complained of the sore throat, and the twenty-third day after the enucleation.—(Reprint from the *Archives of Ophthalmology*, March, 1880.)

DR. CHAS. KELSEY, of New York, sends us two pamphlets, one a report of the East Side Infirmary for Fistula and Other Diseases of the Rectum, and the other a paper on Functional Heart Troubles.—(Reprinted from the *Hospital Gazette*, May 31st, 1879).

The Problems of Insanity is the title of a paper read before the New York Medico-Legal Society, March 3rd, 1880, by Dr. Geo. M. Beard. This paper discusses the general question of insanity from a very broad standpoint, and presents many views which will interest the reader.

In a reprint, from the Missouri State Medical Association Transactions, on "The Reflections Upon the History and Progress of the Surgical Treatment of Wounds and Inflammations," Dr. Edward

Brock, of St. Louis, discusses very ably this subject. Dr. Brock thinks the three greatest achievements of Surgery in the present century have been the discovery of anæsthesia, the blood saving method of Esmarch and Lister's antiseptic dressing.

Aspiration of the Knee Joint, is the subject of a reprint from the *Transactions* of the American Medical Association, 1879, by Dr. Henry O. Marcy, of Cambridge, Mass.

Dr. Chas. W. Earle, of Chicago, in a reprint from the Chicago *Medical Journal and Examiner*, fully exposes the Cinchona Cure for Intemperance. After a very careful and unbiased investigation as to its merit, he states it as his belief that it is absolutely valueless, and that it has made more drunkards during the past year, in the city of Chicago, than any one saloon.

BOOK NOTICES.

The Physiology of Mind and The Pathology of Mind; in Two Volumes. By Henry Maudsley, M, D. Third American Edition. D. Appleton & Co., Publishers, New York.

The first edition of these two volumes, now before us, was published in 1867, under the one title *Physiology and Pathology of Mind*. A second edition followed a year after. The third edition of the first volume *Physiology of Mind* was published as a separate treatise in 1876. We have now the third edition of the *Pathology of Mind*, recast throughout, largely added to, almost entirely rewritten, and published in a separate volume.

The first edition of this most excellent work on the *Physiology and Pathology of Mind*, is probably familiar to a number of our readers. It is a book which attracted much attention and favorable criticism when first published. The author's views were in advance of those generally held at that time, and were received with disfavor by many of the old school of metaphysicians. Recent years have established the conclusions thus early arrived at by Dr. Maudsley, and his teachings in reference to the physiology and pathology of mind are generally accepted by recent thinkers upon this subject.

The system of mental study, as taught by Sir Wm. Hamilton, in his voluminous work on metaphysics, was attacked by Dr. Maudsley as fallaceous. The method of interrogating self-consciousness, it was claimed by the author, was unreliable in the information it gave, contradictory in its results, was incompetent to give any account of a large part of mental activity; gave no account of the bodily conditions which underlie every mental manifestation; no account of the large field of unconscious mental action exhibited, and no account of the influence organically exerted upon the brain by other organs of the body.

The author assumes that the mind is a consensus of affective, intellectual and active functions, and the basis of affective functions is in the organic life, that mind is a direct function of brain and every organic function represented in the brain. In the study of mind, physiology could no longer be ignored, and that it was necessary to associate the *physiological* with the pathological method. The author contends that there is a *physiology* of the *mind* as there is a *physiology* of the *body;* that with each display of mental power there is a correlative change in the material substratum; that every phenomenon of mind is the result as manifest energy, of some change, molecular, chemical, or vital in the nervous elements of the brain. These products are like those found in muscle after its functional activity; in the performance of an idea as in the performance of a movement, there is a retrograde metamorphosis of organic element.

Having thus shown that the physiological action of the brain was productive of every mental phenomena, the author next presents the pathology of the brain as the disturbing element in every intellectual disorder, and endeavors to point out morbid changes in insanity, its causation and prevention, symptomatology morbid anatomy and treatment.

A Practical Treatise on Nervous Exhaustion (Neurasthenia). By Geo. M. Beard, A M., M. D., Fellow of the New York Academy of Medicine, etc., etc. Wm. Wood & Co., Publishers, N. Y., 1880.

The profession has been prepared for this book by a series of papers upon the subject of Neurasthenia, from time to time published by the author in medical journals. The present work is the result of the experience and study of an entire professional life, and embodies the latest opinions and observations of its author. Dr. Beard has been a laborious worker in this field of research, and his conclusions have been reached through close attention and patient observation. However widely some may differ with him in reference to the frequency and importance of neurasthenia as an independent form of nervous disease, it will be admitted that he has given emphasis to a long train of nervous symptoms, recognized under vague terms, by former writers, by embracing them under one common classification, and by establishing a nomenclature, which expresses the essential condition, nervous exhaustion. Nervous exhaustion, or neurasthenia, we are told by the author, "has been the Central Africa of medicine—an unexplored territory into which few men enter, and those few have been compelled to bring reports that have been neither credited nor comprehended."

This book begins with Chapter I, which explains, "Why the Study of Neurasthenia has been Neglected." Chapter II, describes the "Symptoms of Nervous Exhaustion." Chapter III, treats of "The Nature and Diagnosis of Nervous Exhaustion." Chapter IV, presents "Prognosis and Sequences." Chapter V, closes the volume with a history of the "Treatment and Hygiene of Nervous Exhaustion."

The volume numbers one hundred and ninety-three printed pages. The subject matter is presented in a vigorous style. The author is frank in expressing his opinions, and whilst they may startle some members of the profession, who are slow to recognize old facts under a new name, they are nevertheless worthy of attention and consideration. The book should be read by every one interested in medicine.

Brain Work and Overwork. By H. C. Wood, M. D., Clinical Professor of Nervous Diseases in the University of Pennsylvania, etc., etc.
Presley Blakiston, Publisher, 1880.

This excellent primer is another of the series of American Health Primers. It treats of a very common condition and calls attention to facts which require correction. The object of this little volume is to give clear ideas how to meet and avoid those causes of nervous disease so prevalent at the present day. Chapter II, discusses the *General Causes of Nervous Trouble.* Chapter III, treats of *Work.* Chapter IV, is devoted to *Rest in Labor.* Chapter V, to *Rest in Recreation*, and Chapter VI, *Rest in Sleep.*

MISCELLANY.

The Cincinnati Lancet and Clinic.—April 10th, contains a very instructive Clinical Lecture given by Prof. W. W. Dawson, on Martin's Elastic Bandage.

Prof. Dawson calls attention to the advantages of the elastic bandage in giving agreeable support and uniform pressure to a limb engorged with blood from disease or injury. By its use the redundant blood is driven out of a limb and its re-accumulation is prevented. In addition to this control of blood the elastic bandage gives such support to capillaries and absorbents that effusion is soon taken up, swelling disappears and ulcers close. The action is as striking in the chronic as in the acute, in an old ulcer as in a recent erysypelas, in a sprained ankle as in an inflamed finger, in an œdema as in a phlegmonous infiltration; in short the products of inflammation more rapidly disappear under its action than by any measure or measures heretofore in use.

Again it is of value where mechanical support is required, as in an exhausted bursa the surfaces may be kept in contact until adhesion occurs, or in a chronic dropsy of a joint where pressure is needed to prevent the weeping of serous membrane.

Attention is next directed to a class of diseases in which the elastic bandage has been employed by Prof. Dawson, with most successful results.

In acute erysipelas of the leg, marked by redness of the skin, great tension, effusion into cellular tissue, a well developed phlegmonous state, with a tendency

to diffused suppuration, under the application of the bandage, the limb in twenty-four hours had assumed almost its normal hue, temperature reduced, and the swelling had to a very great extent disappearred.

In sprained ankle, hydrops articuli, diffuse suppuration, indolent ulcer and acute arthritis, the most marked results have followed its employment. Prof. Dawson says:

"Some care is necessary in selecting the bandage, as to its length, width and weight, and mode of application.

1. The limb should not be doubly covered except where the bandage laps.

2. The ordinary bandage of Martin is not too strong for the inferior extremities, but one of lighter make is better adapted to the arm and forearm.

3. The "Rubber Dam" is sufficiently heavy for the fingers, a thicker one acts too powerfully on the circulation and makes too great pressure on the granulations.

4. Children require a lighter bandage than adults. The variety suited to the arm of the adult will be heavy enough for the leg of the child.

5. The width of the bandage must be regulated according to the part to be covered, it may range from one to three and a half inches.

But little force must be used in applying the bandage. As I said above, you desire to control, to regulate the circulation, not to prevent or obstruct it. In adjusting the heaviest elastic upon the leg the weight is almost sufficient. Irregular pressure must be studiously avoided, the turns must press at all points equally. The sensations of the patient will often be a reliable guide in adjustment."

THE CANADA LANCET complains that the fees paid for a professional education to the medical colleges of the Provinces of Ontario and Quebec have been rediculously low, and now that the period of study required by the student has been lengthened from three to four sessions, it would appear a most favorable juncture for an increase. According to the *Lancet* "a trifle over $200. is the entire amount paid into the funds of a medical college by the student for a whole academic course, extending over a period of four or more years. It has hitherto been the custom to charge $12.00 each for the main subjects, such as Anatomy, Medicine, Surgery and Midwifery, etc., and from $5.00 to $10.00 for the less important branches. These fees were charged for the first and second sessions only, all subsequent sessions being free."

"Medical students, like other members of the community should pay for what they receive, and they will, we venture to say, hold in higher esteem the services for which they have to pay than those which are given gratuitously."

In the states a more serious system prevails among some medical schools, than the one referred to by the *Lancet*. It is the habit of conferring beneficiary scholarships upon every young man desirous of obtaining a medical education, or rather, we should say, the degree of M. D. In no country is a medical education so cheap, as in the United States.

PROF. ROBERTS BARTHOLOW, of Jefferson Medical College, Philadelphia, has been selected to give the Cartwright course of lectures at the College of Physicians and Surgeons, New York.

Mr. Benjamin Cartwright, of Newark, New Jersey bequeathed to the Alumni Association of the above College a fund, a portion of which is to be devoted to the endowment of an annual course of lectures upon subjects connected with medical science.

DR. W. H. MOORE, of Goldsboro, N. C., has been elected Superintendent of *The Insane Asylum for Colored People, of North Carolina*, located near that place.

IT is stated upon the authority of the *Virginia Medical Monthly*, that the Medical College of Virginia, and the Medical Department of the University of Virginia contemplate a very important and desirable change in their curriculum of study in which it is proposed to introduce the graded system of instruction, and to require two full sessions of nine months, with an intermediate examination on the elementary branches at the end of the first course.

DR. W. J. MORTON, of New York has been invited to deliver the course of lectures on Diseases of the Nervous System, in the University of Vermont, during the present term.

Among the entertainments contemplated at the meeting of the American Medical Association in New York, are a grand reception at the Academy of Music on the first evening of the meeting, receptions at Mayor Cooper's and at the Academy of Medicine on the subsequent evenings, and a steamboat excursion up the Hudson and down to Coney Island, which is to take place immediately on the adjournment of the association, and the expense of which will be borne by Mr. Wm. Wood, the publisher.

Dr. C. W. Robbins, of Milwaukee, Wisconsin, writes to the *Medical Record* and suggests that the following resolution should be adopted by the American Medical Association.

Whereas, it has become an established fact that chloroform is an unsafe anæsthetic, being ten times as dangerous as ether.

Resolved, That this Association do hereby condemn the use of chloroform as an anæsthetic.

At a recent meeting of the Medico-Legal Society, Dr. Wm. A. Hammond read a paper on general paralysis of the insane, with special reference to one, Abraham Gosling, which has lately been before the courts and has attracted much attention on the part of the public. During the course of his remarks Dr. Hammond stated that he was perfectly willing to stake his medical reputation on this case, and that if Gosling were alive in three years he would burn his diploma and retire from the profession.

Dr. F. B. Tiffany, in the *S. Louis Medical and Surgical Journal*, describes a novel method of examining the circulation of blood under the microscope. The prepuce of the penis is selected on account of its thin surface. This is drawn out and held by a clamp under the stage of the microscope. Dr. Tiffany contends that observations thus made are highly satifactory.

Dr. H. C. Chapman of Philadelphia, has been elected Professor of the Institutes of Medicine and Medical Jurisprudence in Jefferson Medical College, Philadelphia, in place of Prof. Jas. Aitken Meigs, deceased.

Meeting of Medical Societies. The *American Medical Association* will meet in New York City, June 1st.

The *Ohio State Medical Society* meets at Cleveland, June 15th.

The *American Neurological Society* meets in New York City, June 15th.

Harvard University announces that hereafter the course of study in the Medical Department recommended by the Faculty, covers four years, but until further notice the degree of M. D., will continue to be given upon the completion of three years of study.

Dr. Alfred L. Galabin reports in the *British Medical Journal*, a case of ovariotomy performed during the sixth month of pregnancy without interruption to gestation.

The operation was performed under the carbolic spray when the patient must have been about ten days advanced in the sixth calendar month of pregnancy. The patient gradually improved after the operation, and during last month of her pregnancy, had very good health. A living child was born on October 27th, the ovariotomy having been performed on July 7th

Dr. Wm. S. Arthur, a graduate of the University of Maryland, class 1872, died in this city on Monday, March 29th of heart disease. The deceased has not been engaged in regular practice for several years past. He was 35 years of age.

Twins Born With an Interval of Forty-Four Days.—Dr. Carson, of Coleriane, Ireland, reports a case of the above character in the *British Med. Jour.* The first child was small and weak, but seemed well formed, though it died in a few hours; its placenta came away all right. The mother remained sickly, however, and was supposed to be dying of dropsy. The second child was fine and well-grown. After its birth the mother at once recovered.

J. Soelburg Wells, M. D., F. R. C. S. England, the celebrated English Scientist died lately at Cannes.

Dr. Wm. B. Carpenter of London, so well known by his writings, is expected to visit the United States some time during the summer.

Dr. Wm. Goodell, recommends the following for hysterics in young girls.

"When you are called to treat a young girl with a hysterical attack, there are three things which you had better do: (1.) Institute at once firm pressure in the neighborhood of both ovaries. This is very apt to quiet the patient at once. (2.) Administer an emetic. I have found that a woman who is well under the action of an emetic has not the opportunity to do anything else than be thoroughly nauseated. Give a full dose of ipecac with one grain of tartar emetic. (3.) And this method of controlling the spasm will often act charmingly: take a good sized lump of ice, and press it right down upon the nape of the neck. This produces quiet by its powerful impression upon the nervous system."

"When the attack is entirely under control, the best method of preventing the occurrence of another attack is to administer a full dose of assafœtida,—none of your small two or three grain doses, but ten grains all at once."

Dr. T. H. Urquhart, of Hastings, Nebraska, says in the *Therapeutic Gaz.*, "I have used fluid extract cascara sagrada in habitual constipation caused by torpor of the muscular structure and deficient secretion, and in every case it has fulfilled my most sanguine anticipations. It is particularly good in the constipation of pregnancy, and, in small doses, in the constipation of young children. I have recently used it with excellent results in a case of torpor of the bowels following a severe attack of gastrodynia. In fine, it has furnished me the elegant and reliable remedy for habitual constipation that I have long sought for in vain, after using aloes, podophyllin, *et id genus omne.*"

Prince Charles Theodor, of Bavaria, a brother of the Empress of Austria, the Queen of Naples and the Duchess of Alencon, has recently been regularly admitted to practice as a physician. He is a specialist of some renown in eye-diseases. He has practiced for several years with success, attending to the call of his many patients at all hours of the day and night.

The Massachusetts Legislature has failed to pass *The Bill to Regulate the Practice of Medicine in that State.*

Dr. R. C. Holland, an old and greatly respected physician died recently in Louisville, at the advanced age of 79. *The Louisville Medical News* says, "He was a decided character. That which he did, he did with his whole soul. His advice to his sons expressed his own disposition, 'whatever you have to do, make yourself *anxious* until you do it.' He was unswervingly devoted to principle, and his long lifetime was singularly pure."

Cincinnati Medical Colleges.—*The Cincinnati Lancet and Clinic* says: "it is our duty to inform our readers that there are nine Medical Colleges in Cincinnati, five reputable and four crooked. The latter continue to hold continuous sessions.

One great trouble experienced in the management of a crooked medical college is the frequency of commencement days, they become monotonous, and are hard on white neckties, gloves and the necessary etcetera. The constant use of essential oil is the only thing that enables the professors to bear up under the continuous wear of such occasions. Some may come and some may go, but they go on forever."

Not content with his electrical triumphs, Mr. Edison is turning his attention to the relief of pain by "combinations of chemicals." He bribed a rheumatic tramp to become a subject of his experiments, and at the end of a week the man's rheumatism and neuralgia had all disappeared, and the vagabond went on his way rejoicing. And yet there are some people who doubt Edison's genius.—*Western Lancet.*

Hospital Appointments.—Dr. F. A. Castle has been appointed attending physician, and Dr. Leroy M. Yale attending surgeon to the Presbyterian Hospital, New York. Dr. W. T. Bull has been appointed attending surgeon to St. Lukes Hospital, New York.

The Warren Prize, the largest offered in this country for general competition, will not be awarded this year, as none of the essays offered have been found worthy of an award.

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THOMAS A. ASHBY, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

ORIGINAL PAPERS.

SURGICAL KIDNEY.

BY L. MCLANE TIFFANY, M. D.

Professor of Operative Surgery, University of Maryland.

(*Read before the Baltimore Clinical Society.*)

It is well known that after trivial operations upon the genito-urinary organs rapidly fatal results sometimes ensue, while again operative measures of great magnitude are followed by speedy recovery. In many of the first class an autopsy has revealed a condition of affairs in the urinary tract to which by common consent the term Surgical Kidney is applied, and it is this train of symptoms with morbid anatomy and proper treatment, which it is proposed to discuss in the following pages.

The following from among several which have been observed by the writer will give a fair idea of the clinical aspect of the trouble in question:

CASE 1. A. M., male, aged 54, complained of stricture, and gave the following history. Eighteen years previously he fell astride of a barrel, the rim striking his perineum; blood flowed from the penis, and for some days urination was accompanied with pain. Within a year from the occurrence of the above accident A. M. noticed that his water flowed less freely than usual, and was projected less strongly, notwithstanding efforts on his part to increase the rapidity of the flow. From that time to the present his troubles have continued; he has been subjected to various treatments at the hands of many doctors. At times the urine came away by drops; again after dilatation he made water with comparative ease. He has had several perineal fistulæ through which urine passed for a longer or shorter period. Latterly his health has not been good, he has lost some flesh; appetite and sleep have both been irregular, manipulation of the stricture has been often followed by chills; pain in the back during the past three years has been frequent; changes in the weather have often been accompanied by a feeling of excessive lassitude.

Examination showed A. M. to be a large well formed person, not over muscular, fairly nourished, with rather a muddy complexion. In the perineum existed a fistula through which a little urine passed on micturition. Scars of other fistulæ were visible. Exploration showed a stricture admit-

ting No. 4 F. six inches from the meatus. Urine was passed every two hours, less often, however, during the night, and the act was accompanied by pain referred to the stricture and to the bladder. The bladder was sacculated and thickened, as shown by finger in rectum and sound. A chill followed the examination, notwithstanding the exhibition of quinine. Microscopic examination of the urine showed pus, blood, renal epithelium, epithelium from the pelvis of the kidney and bacteria. Casts not found.

Diagnosis—Pyelo-nephritis from obstruction. Tonic treatment was ordered, and the case watched. Progress not satisfactory, the patient steadily losing ground. An operation was decided on, the prognosis was most unfavorable.

Quin. Sulph. gr. xx was given at night, and the following morning gr. x, after which the stricture was rapidly dilated to 24 F. No anæsthetic was administered and no great pain was complained of. The same evening there occurred a rigor not very severe, followed by moderate sweating, suppression of urine total, hebetude, mild delirium, coma and death on the third day.

Autopsy revealed stricture ruptured through mucus membrane; inflamed, thickened and contracted bladder, with ash colored lining membrane; inflamed and dilated ureters, as also kidney pelves. Bladder, ureters and kidney pelves contained pus. Kidney structure thinner than usual, mottled with bright spots which on section are seen to project inwards towards and along the pyramids, brightish lines also were to be distinguished in the pyramids themselves.

Case 2. B. C., aged 62, male, intemperate and badly nourished, applied for treatment, complaining of stricture. History of stricture dated back thirty-two years, following gonorrhœa.

At present time passes water by drops, with pain and straining; attempts to empty bladder every half hour or so; urine passed has a strong ammoniacal odor. B. C. is very thin, nervous with feeble pulse, coated tongue and dry harsh skin. Rest greatly interrupted by desire to urinate, appetite capricious, had been often examined before coming to my hands.

Examination of urethra was made to verify statement, and a stricture found six and one-half inches from meatus, admitting only a filiform whalebone into bladder. Nourishment and quinine ordered, and patient was ordered to bed.

Two hours later a violent chill supervened followed by total suppression of urine, and death in forty-eight hours, preceded by mild delirium and coma.

Autopsy revealed tight stricture at locality stated, bladder and ureters as in former case. The pelvis of each kidney was dilated, and contained a little pus. Each kidney showed six or eight red patches in the cortical substance, the centres of the patches having already begun to soften into pus.

H. P., aged 72, came under treatment complaining of urinary trouble. History dates back eight years, earliest symptom noticed was frequent micturition, then pain appeared, now passes small quantity of water every hour with straining, pain relieved by micturition. Pain in back great, able to sleep very little, eats but little. Sound shows no stricture or stone. Urine highly ammoniacal, contains pus, blood, epithelium from pelvis of kidney and bacteria. Rectal examination shows enlarged prostrate. Not more than an ounce of urine passed at each attempt, sometimes not so much. Use of sound followed by chill and sweating, from which the patient entirely recovered only after several days.

During two weeks the temperature varied irregularly, not rising above 100°, occasionally falling as low as 97.5°.

Under proper treatment patient became more comfortable, went to the

country, fell into a low typhoid condition, and died about a month after passing from my hands. Almost entire suppression preceded his death for a week.

No autopsy. History obtained from friend who nursed him.

Surgical kidney appears to be an inflammation of the urinary apparatus throughout, in which death is brought about by failure of the kidneys to perform their function, and in which inflamed condition failure on the part of the kidneys may be induced by a slight cause. The practical deduction being first, that the surgeon shall recognize the condition. Second, that he shall so adapt treatment as not to induce suppression by mechanical or other measures.

ETIOLOGY.

In the cases related one and two, the commencement dates from the stricture, and is to be traced step by step, from the urethra to the parenchyma of the kidney. The urethra dilates somewhat behind a stricture, under the power exercised by the bladder, necessary to force urine through a narrow orifice, and sooner or later a small quantity of water is retained habitually just posterior to the contraction in the pocket. At this point the retained urine under the influence of heat and moisture tends to decompose, evolve ammonia, to irritate the mucus membrane and a gleet results; this process slowly progresses backwards, until the bladder is reached. Meantime the bladder in consequence of strong efforts to empty itself through the strictured urethra may be sacculated, weakened, and is found always in my experience, unable to empty itself completely, and the change which the urine in the urethra has experienced, will now likewise be experienced by the retained urine in the bladder. The decomposition of urine tends to the formation of ammonia, a strong mucus irritant, and so soon as the bladder is involved by the diseased process there is an increase in all symptoms, on the part of the patient. Residual urine with ammoniacal decomposition being established the further extension along the ureters of inflammation is but a matter of time, and this process is the more rapid, according as the bladder is habitually over distended. If but little urine ordinarily remains in the bladder, the ureters escape for a long time, but should the reverse hold and the urine be not passed at once into the bladder the inflammation of the ureters with dilitation occurs with rapidity, involving of course the pelvis of the kidney. Thus the bladder, ureters and pelves are inflamed, secreting alkaline mucus which hastens the formation of ammonia in the retained urine, this again irritating the mucus membrane, and so the endless chain is kept up. The retained and decomposing urine resting upon the base of the bladder and covering the orifices of the ureters, renders the extension of inflammation from the bladder to the ureters an easy task. The urethral inflammation may remain local for an indefinite time, but once the ammoniacal decomposition is present in the bladder, and the progress of disease becomes rapid, with speedy extension to the kidneys, unless active treatment remove the *materies morbi*. Any obstruction leading to habitual retention of urine with subsequent decomposition, will produce a train of pathological conditions similar to that indicated as depending upon urethral stricture. Enlarged prostate is a most fertile cause, atony of the bladder, from age or general feebleness, another. Under either of these two latter conditions a certain quantity of urine may be habitually retained, and yet no very disastrous consequences ensue, nor great inconvenience be experienced by the patient. After a while, however, the formation of ammonia appears, and then the scene changes for the worse quickly.

After spinal disease or injury indu-

cing paralysis of bladder and retention, decomposition of urine is singularly rapid. This is doubtless to be explained by the fact that the mucus membrane lining the bladder being deprived of nervous influence becomes more susceptible than usual to chemical and mechanical irritants, as back to bed-sores; possibly the character of the mucus secreted under such circumstances, may be so modified as to rapidly undergo decomposition.

Surgical kidney is one form of pyelo-nephritis, but every pyelo-nephritis is not surgical kidney.

Thus in that form of pyelo-nephritis, dangerous to handle with instruments the autopsy will show inflammation and thickening of the bladder mucus membrane with ashy discoloration, thickening of bladder walls due largely to connective tissue hyperplasia and inflammatory exudation. Cavity of bladder small, ureters dilated, thickened very irregularly, mucus membrane highly inflamed, dark red, here and there puplish spots, rarely hemorrhagic however, smeared with pus, perhaps. Ureters and bladder of different color. Kidney pelvis dilated, mucus membrane inflamed and covered here and there with pus. The kidney irregularly hyperæmic, and large, capsule often easily stripped away, surface mottled, showing perhaps, purulent collections, and these purulent collections will be cone shaped, apex resting in a pyramid base in cortex. In an early stage of the trouble the territory to become purulent later will appear swollen and more adherent to the capsule.

The kidney may be entirely replaced by conical abscesses separated by fibrous septa, but when this is the case operative measures on the genito-urinary organs are better born than at an earlier stage. Microscopic examination shows in order of progress tubular nephritis, i. e., swelling and cloudiness of epithelium, then extension of inflammation to intertubular substance, then wandering cells in same, interstitial nephritis, then suppuration (or cicatrisation?) Shining granules are seen, highly refractive, not changing on addition of alcohol, believed generally to be colonies of Bacteria and by Klebs, Ebstein and others declared to be the cause of all the trouble; the Bacteria are supposed to have travelled from the bladder along the ureter, and this holds good *even if ureter be healthy*. Casts also are seen in the convoluted tubes.

GENERAL SYMPTOMS.

Surgical kidney is met with usually in patients who have attained middle age, probably because it is a condition of slow growth and the causes producing it are acquired after puberty.

The facial expression often indicates anxiety; the skin somewhat sallow, apt to be itchy, freely movable over subjacent structures, dry and harsh to the touch. General nutrition is poor, dyspeptic symtoms frequently present, diarrhœa not infrequent, but is ascribed by the patient to the bladder affection which causes straining and so deranges the bowels, vomiting very unusual. Dropsy has never been observed by me in connection with the affection in question but there is no good reason why it might not be present.

The pulse is accelerated on account of cystitis. When, however, the kidneys become seriously involved, the pulse falls below normal, is not strong and varies on slight provocation. Indeed observations made at different hours of the day or night, even though the patient be at rest, will show the pulse to be of varying strength and rapidity; bad symptoms. The temperature is irregular, occasional chilly sensations are complained of followed by a moderate fever lasting but a short time. The thermometer will sometimes indicate a temperature below normal. Increased thirst is sometimes present.

A dull pain or feeling of tension

may be experienced in the loin or extend along the course of a ureter. The use of the catheter is followed by a chill often

SYMPTOMS AS INDICATED BY URINE.

Total amount of urine excreted in 24 hours is below the normal. Color of urine varies with admixture of blood, pus, epithelium, etc. Smoky and dark urine is seen only where the bladder is habitually full, or where from injury to the nervous system the nutrition of the bladder walls is impaired. In such a case it is well to follow Thompson's suggestion, in order to obtain urine for examination, namely: pass a catheter and wash out bladder two or three times after which the urine is collected as it drips from the catheter. Specific gravity high. Albumen present to greater or less amount.

MICROSCOPIC EXAMINATION.

Triple phosphate very constantly present, always if urine be ammoniacal. Pus and blood in varying quantity, the latter is not found imbedded in casts. Epithelium from different parts urinary organs. The well known and characteristic epithelium from the pelvis of the kidney when present shows pyelitis, unfortunately it is not always to be found in the sediment.

Casts are found more or less abundantly, short, granular, and rather dark in color, epithelial and waxy casts very infrequent. Broad casts from straight tubes indicate very advanced trouble. Bacteria in great numbers swarm over the field.

The sufferer is apt to be apathetic, sleeps heavily but not for long periods at a time. Excessive nervousness alternates with the apathy. Fatigue easily induced.

Needless to say that the usual signs of cystitis are present, frequency of and pain in passing water, etc.

Why the introduction of an instrument into the bladder is apt to be followed by a chill or suppression of urine or both, is a question as yet held sub curia? Usually reflex nervous action is given as a sufficient cause, but lately the introduction of septic material, a sound or catheter being the vehicle has been invoked in explanation, or if not septic material then bacteria which are supposed to travel up to the kidney, along perhaps a healthy ureter.

* "If we remember, however, as Klebs urges that the bacteria which excite the inflammation, at least at a certain period of their development, are organisms endowed with the power of independent motion, and are consequently able to spread themselves over wide extents of mucus membrane until they finally settle permanently in certain places, we will be able to understand how a pyelo-nephritis may be developed by an exciting cause that is conducted to the renal pelvis from the bladder through the ureter, although the ureter itself remains healthy as proven by post mortem examination."

The theory of reflex action is somewhat strengthened by the fact that after injury to the spinal cord, inducing retention of urine, etc., the introduction of the catheter is not followed by chill or suppression. Surgical kidney being present it is to be feared lest entire suppression of urine occur with or without abscesses in the kidney, and both or either of these unfortunate results may be brought about very speedily by instrumental interference with the bladder: sounding and catheterisation. The examination of a stricture while it may be followed by a chill, I have never seen followed by suppression, yet the examination extended to the bladder may be fatal.

A moderate amount of surgical kidney will permit of sounding, and an advanced stage not, and a careful examination of symptoms is required that the surgeon shall do no harm.

If the trouble be advanced, the general condition of the patient must

*Ziemssen, Vol. XV. P. 576.—*Amer. Trans*

be attended to, warm bran baths, protection from changes of temperature, diuretics and quinine largely diluted. In a number of cases the bladder can be washed out by means of a funnel resting in the meatus thus avoiding the passage of an instrument along the urethra and this should be resorted to several times, daily, the fluid used being a warm solution of sulphate of quinine in water gr 1 to 2 oz., also boracic acid, perhaps.

When the general health improves and the urinary secretion approaches to normal in quantity, then mechanical interference becomes possible safely. A change in the sediment of the urine towards a more healthy standard i. e., diminution in number of bacteria, of casts, of triple phosphate crystals, of pus globules, all indicate improvement. While of general symtoms the change of complexion, improvement in appetite and desire for exercise are harbingers of a return to health; it may be, however, that the means indicated fail to improve the general condition and the question must be decided shall an operation be performed or must the disease progress to a fatal termination? for instance a stricture, the persistance of which keeps up the illness. With a certainty of death if relief be not afforded, it is proper to offer the sufferer an operation even though surgical kidney be present in an advanced stage. The operation performed should be radical, one which allows rest and drainage to the inflamed urinary tract so far as possible, and in case of stricture such an one would be external perineal urethrotomy, in case of stone, lithotomy. Bigelows' operation, litholapaxy, is as yet of too recent date to allow an expression of opinion in regard to its usefulness in cases such as are under discussion.

An operation upon a stricture, divulsion or internal urethrotomy which is not followed by absolute rest of the bladder, is very fatal, so that the more serious external perineal section which changes the bladder into an open wound is followed by much more favorable results. The comfort experienced by the patient when the bladder is completely at rest, by free incision, is very great.

PECULIARITIES OF AMERICAN INDIANS FROM A PHYSIOLOGICAL AND PATHOLOGICAL STANDPOINT.

BY W. C. BOTELER, M. D., U. S. I. S.

Otoe Agency, Gage County, Nebraska.

In the professional hurry of the noisy metropolis, I will venture, there is seldom indulged a reflection upon the peculiarities of practice, and the strange course of physiology and disease among the American Indians.

In these few lines it is not my purpose, nor is it my privilege, to promulgate any facts that would compromise or controvent the great fundamental principles of professional education. On the contrary, I would enforce from observations in Indian practice, an attention to the wide range of deviation, from the prescribed course of physiology and pathology that is perfectly consistent with nature and her comprehensive clinical history. The physical status of an individual, we are taught, is dependent upon the perfection and performance of man's vital functions, and these vital functions are hereditary transmissions, dietetic and hygienic conditions; hence, as important to the health of an individual, we must infer, are comfortable surroundings, pure air and a nutritious diet.

This rule will obtain among the average Caucasian, at least, and it is upon this basis and from these essential conditions that is founded our standard of health and are drawn our inductions of disease, its prevention and treatment.

But, in promulgating theories and establishing codes of practice applica-

ble to the clinical requirements of our own race, should not we be prudent to avoid the sceptical "*Sine qua non*" in adapting them to others. Experience establishes this as a fact, and corroborative evidence of the same will be adduced in the context.

Respecting the American Indian—in him we have an individual of anatomical construction identical with the average Caucasian; this assertion will obtain with rare exceptions. It is revealed upon comparative dissections that the body of an atheletic Indian is more a repository of fat than the fully developed Caucasian male, whose rotundity is composed of red muscular fiber.

This fatty accumulation is a deposit in the subcutaneous areolar tissue, identical with that which has presented itself to every student of anatomy in dissections upon the bodies of female white women. The convolutions of the brain in the typical Indian are more superficial, hence diminishing his intellectual capacity, which practical experience will readily verify. The distorted appearance of certain Indian skulls that everywhere fill our anatomical museums, *is not* a condition of nature.

The Indian is formed by the same design and enters the world, as comely a creature as the infant white child and his subsequent deformity is the result of mechanical appliances that make them conform to nude ideas of beauty or traditional superstitions.

To imagine there are no "intelligent foreheads" nor harmonious features among native Indians, would be a mistaken conception and no compliment to the influence of Christian civilization.

Admitting thus an identity of structure, we silently acknowledge a similarity of function, and if *the latter* proposition *be* correct, we are confronted by a difficult problem, and compelled to acknowledge a greater range of divergence in the physiology of the Indian, than rules of study and practice allow for the average white man. For example, dietetic and hygienic tables are constructed, estimating from actual experiment, the required quantities, qualities and kinds of food, air and water necessary for and compatible with health and life.

The necessity of graduated proportions of each nitrogenous and non-nitrogenous proximate principle is carefully impressed and *purity* of our food and drinks is presented as all important.

To demonstrate the divergence among Indians, from the rules established as vital among whites, requires but little experience.

If the health of individuals and functionary perfection is dependent on the comfort of our surroundings, the daily consumption of a graduated quantity of each element of diet of the best quality, the purity of the atmosphere and water imbided, dry and airy locations with cubic capacity for respiration, 3000 cubic feet per individual (and that the above is essential to the white man, can not be doubted), what then could be expected of a people among whom all these essentials are wanting. To the Indian they are practically wanting; instead of the comfortable home constructed in accordance with the most consummate rules of sanitary art, the Indian's home is the wigwam, his bed and pillow the earth. Instead of three thousand cubic feet of air per individual per hour, his house will scarcely contain one thousand cubic feet, and this, contaminated by emanations from crude cookery, etc., is used for the respiration of, at an average, six human beings. Ventilation, either accidental or volitional is also unknown. No doors nor windows admit air from unseen ventilators, but every crevice is carefully closed, save the occasionally opened door-way drop, and the exit for smoke at the summit.

But the adverse condition of con-

trated space and vitally vitiated atmosphere, are not all that will meet your attention. Instead of food in graduated quantities, selected quality moderately taken and well prepared, the Indian's diet consists largely of non-nitrogenous substance as Indian corn, with no reference to quality, rudely prepared and taken, seldom or often, in large or small quantity, as convenience will permit.

In the present scarcity of buffalo meat is a rarity, and when obtained is frequently in disgusting states of decomposition. Yet, in this seemingly poisonous condition, it is imperfectly cleaned and cooked, then eaten with a relish and immunity from disease.

The water drank by the native Indian is generally from streams and frequently from sloughs filled with germs and visible impurities.

It is reliably stated in works upon hygiene that a combination of nitrogenous and non-nitrogenous elements are alone compatible with health, and that living beings would emaciate and die on a non-nitrogenous diet in less than a fortnight. At a period of sectional strife, the Otoe Indians have been known to subsist on a non-nitrogenous diet, wild plumes alone, for over three weeks. Again, on a diet of Indian corn, many Indians will work at the plough from morning till night on one meal *per diem*, taken in the evening.

To one engrossed in hygienic calculations who would measure man's physical status and longevity by the amount and purity of the air and water, the quality and quantity of his diet, it would appear that one subjected to the influence of constant atmospheric contamination, food in small quantity, wrong quality and frequently in decomposition, would be a harbor of disease and monument of decay. But is such the case with the American Indian? It is not.

On the contrary, the Indian is proportionately less sickly than whites of equal number and like condition. Instead of the emaciated form and pallid face, the Indian is the picture of health and development. His diseases are less virulent, respond more promptly to treatment, and his average longevity far exceeds the whites.

Admitting, as we must, their anatomical identity with the white race, how are we to account for such functional diversity? It may reasonably be asked—are we too narrow in the scope of our physiological laws, has science blinded the eyes of its votaries, or has God, in His omniscience, adapted to this people unknown laws that are grander, and forces capable of overriding the whiteman's laws, and successfully combating the opposing elements of nature?

Certainly, in adapting the physiological laws of our own race to the American Indian, we encounter a problem difficult of solution. If bad hygiene and the most ill-advised diet, would compromise the Indian's health we might long since, have predicted an extinction of the race, but nature smiles from them at the white man's foes, and what is poison to the one, is the life of the other.

The true cause for these peculiarities is, as the philosopher's stone, as yet undiscovered, but be the mystery physiological or where it may—it is not limited to dietetic and hygienic conditions.

The same striking contrasts are observable in a therapeutic point of view. We find in the treatment of this race that the remedies tabulated for practical use among the whites, not only exert the desired effect, but act more promptly and satisfactorily.

Distressful bronchial troubles can be promptly subdued in twenty-four hours by a full dose of pulv. ipe cacuanha once repeated. The same is observable of acute interstitial and peripheral lung troubles; cases of pneumonitis and pleuritis have been visited, and patients scarcely able to speak—held, as it were, in the vice of pain, the same patients, after several

days of regular treatment, frequently found in the middle of winter walking around out of doors, their only clothing being a blanket. In several cases of pneumonitis of this short duration, thorough physical examinations revealed the three stages of the disease, and each merging into the other with wonderful and gratifying rapidity. These same cases in the whiteman requiring the best attention, nursing and nourishment with carefully regulated hygiene for at least a fortnight, in the Indian, with the worst diet and hygiene yield to comparatively simple treatment. The same can be said of continued fevers as acute inflammations among Indians. Malarial troubles which recur with regularity in spring and autumn are much more amenable to treatment by the cinchonæ preparations than the same disease among whites under similar circumstances and surroundings. Whitemen, who marry among and share the wigwam of the native Indian, frequently appear for treatment at the same time and with symptoms identical with the Indian; it is observable that after several days of treatment, the Indian will be well, but the whiteman, under similar therapeutic and sometimes better hygienic conditions, will be visited by his tertian for at times many weeks.

A case, in point, may not be uninteresting. During the mild weather of February, I visited an aged Indian, Tar-poosh-ka, sick with Quotidian Intermittant Fever. His habitation was a cave in the bank of a creek; the patient lay nude upon the ground by a smouldering fire, his only nourishment Indian-corn, and what could be boiled from several clean and dry ox-bones. He was put upon the regular treatment for the intermission; the next day the patient was revisited and to my surprise absent from his quarters.

Turning about for my departure, I was startled by a peculiar noise from the water, which proved to be my patient who on the return of the hot stage had submerged himself to the neck. Against all remonstrance, this instinctive resort to the water cure was repeated and in a few days, with Quinia, the patient recovered. From this simple act a double lesson may be learned; it corroborated the therapeutic *value of water in fever* and presents us again, the Indian constitutional enigma for solution.

The susceptibility of the Indian to epidemic influences is also comparatively less; small-pox is almost unknown, and diphtheria, that much dreaded scourge, has prevailed among the whites in surrounding settlements depopulating high and airy situations, while the adjacent Indians in their marshy locations and miserable habitations have withstood its approach. If diphtheria is purely a zymotic disease, and zymotic germs are engendered by filth, we fail to understand the above paradoxical fact. The same may be said of scabies and kindred parasitic affections—though abject conditions are their supposable cause among the Indians, who really know nothing else, these diseases are extremely rare.

In surgical diseases there exists the same strange adaptedness. There presented recently a chronic case of Arhritic Morbus Coxalgia, the patient, an Indian girl, aged eight years. The left foot was everted almost at right angles to the right and dragging locomotion performed holding the left hand upon the knee to supplant the disabled crural muscles. Upon the upper left and outer aspect of the thigh was an abscess the size of an infant's head; this was evacuated in an Indian wigwam, our operating table being a robe spread upon the ground and assistants two Indians, who were busied tearing cloth to collect the discharges. Around us stood ten of *the plumed and blanketed knights* whose ferocity seemed absorbed by anxiety and fear. The abscess contained one quart of sanguineous pus and disinte-

grated connective tissue, and from its size and situation was a curiosity in this disease.

Upon constitutional treatment and the local use of carbolized oakum and drainage the little patient is making a speedy recovery and *without* the misfortune of anchylosis.

It was my fortune recently to examine the termination of an untreated case of hepatic abscess of the right lobe. The case had lingered for several months, and after bringing the patient to the last extreme, spontaneously evacuated, and the patient survived. He is now in excellent health, and bears visible marks of his wonderful recovery.

One of the novelties of Indian practice would be a case of uterine disease; though it is a part of the practice among white female employers at the agencies, it would be as new to the native Indian woman as the presence of an accoucheur in parturition. After indulging thus, a penetrative review of comparative practice among another race, to what conclusion are we led—is it not reasonable to admit that our fundamental lines are too finely drawn? In establishing laws, whether physiological or therapeutical for universal acceptance, would it not be well to remember that we may fall into error? What patient experiment and scientific accuracy establish for *one race*, will be refuted in another or only obtain with important modifycations, for God in his omniscience has adapted each to his station with laws and conditions peculiar there to.

CORRESPONDENCE.

BALTIMORE, May 20, 1880.

Editor Maryland Medical Journal:

DEAR SIR:—By a misapprehension my title was inaccurately published in the last issue of your JOURNAL. The only position which I then held in the University of Maryland, was that of "Lecturer upon Orthopedic Surgery in the Summer Course."

Yours truly,

R. WINSLOW, M. D.,

201 W. Biddle Street.

SOCIETY REPORTS.

BALTIMORE CLINICAL SOCIETY.

MEETING HELD MARCH 19TH, 1880.

CHRISTOPHER JOHNSTON, M. D., President, in the Chair.

EUGENE F. CORDELL, M. D., Reporting Secretary.

RETAINED PLACENTA.—*Dr. R. H. Thomas* reported a case of this nature (published in full in this Journal for April).

COMPLICATED LABORS.—*Dr. Randolph Winslow* stated that of eleven cases of labor, which had come under his care, during the last six months, only four had been uncomplicated. He attributed this frequency to the fact, that among the poor, (and his cases had been chiefly of this class), midwives are very generally employed, physicians only being summoned when any difficulty arises. The following represent the principal points of interest in Dr. Winslow's cases.

CASE I. The pains lasted fifty-five hours without any progress being made; the forceps were then applied, above the superior strait, and a living child delivered.

CASE II. Here the pains remained weak on account of the child being dead and in a putrid condition (a frequent cause of prolonged labors on account of the non-opposition of the child). The forceps were used here, the head of the child being in the pelvic excavation.

CASE III. A primipara, aged 19, exhausted from prolonged labor. The head being in the excavation, the forceps were applied, and a living child delivered. There was not the slightest tearing of the perineum.

The next two cases were somewhat different from the above, though both were delivered with the forceps.

CASE IV. was that of a woman in labor

with her 10th child. The breech had been the presenting part, and the body was delivered before a physician was called, but the head could not be made to pass through the superior strait on account of undue projection of the promontory of the sacrum. After using traction in vain, she was delivered by the forceps applied under the body, of course in a reversed position. This woman has had 10 consecutive breech presentations (for full report of case see *Am. Jour. Med. Sci. April* 1880.)

Case V. was very similar to the above except the presentation of the breech was made by version and not by nature. She had previously been twice delivered with forceps. The head presented during the 3rd labor, but although the forceps were very carefully applied four times, no amount of traction sufficed to disengage the head. Version was then performed, but the head was again arrested at the superior strait. The feet and trunk of the child were then drawn up over the abdomen, and the forceps applied, twice unsuccessfully, but the third effort was crowned with success. The child was of course dead in both these cases. This woman was almost a dwarf, and had antero-posterior deformity of the superior strait. A curious fall of temperature occured during her subsequent treatment. One evening her temperature was 105 2-5°, and the next morning it was 99 2-5°, a fall of 6° without any medicine whatever· She recovered promptly.

Case VI. A presentation of the Right Lateral Plane, the head protruding from the vagina before the doctor's arrival. Version was accomplished with difficulty, owing to the cord being wrapped around the left leg and arm and 3 times around the neck. The woman was left in a comfortable condition, but died in 24 hours, probably from shock, as her temperature never exceeded 99° F.

Case VII. A primipara, aged 40. Notwithstanding great efforts were made to support the perineum, it was ruptured, and perineorrhaphy was performed the next day.

Amongst the uncomplicated cases, that of a lady with her second child presented points of interest, especially in regard to intra-uterine injections. In her case, violent pain and rigor lasting an hour was caused by an intra-uterine injection. Fever followed the chill, but had subsided the next morning. This lady is particularly susceptible to variations of temperature, which in this illness reached 105.4-5° during an evening exeaccerbation, her morning temperature having been 97 4-5°. Upon another occasion, 5 days after delivery, her morning temperature was 97 2-5°, and her evening temperature 105 2-5°, a rise of 8° in 12 hours.

Surgical Kidney.—*Dr. Tiffany* read a paper upon this subject, which is published in the present number of the Journal.

Tumors of the Brain.—*Dr. Councilman* exhibited two specimens. The first was obtained from a man aged 65, affected with epilepsy from his boyhood, who finally died in a comatose condition. On post-mortem examination a tumor was found compressing the brain; it was a fibrous tumor of the dura-mater, and corresponding with a depression in it was a bony projection on the internal surface of the skull. The second specimen was formed by a secondary cancerous deposit, which, although occupying the same position as the other, gave rise to no head symptoms at all.

Dr. Miles said the specimens were interesting as showing how far a change of shape may occur without change of function; the condition is somewhat similar to that found in flat-headed Indians, —being merely a pressing aside of the fluids of the nerve tissue and perhaps also of the neuroglia. He referred to a case, in which a bony projection in the frontal region corresponded with a tumor of much larger size within the cranium. This specimen was sent to Dr. Miles by a physician in the country; unfortunately the brain did not accompany it, but the sender wrote that it appeared healthy, and likewise stated that there had been no symptoms referable to the brain. Dr. Miles said that this part of the brain is non-motor. He had seen three cases of large abscesses involving the sphenoidal lobe, without the slightest symptom of paralysis,

Dr. Councilman did not think this explanation held good for the cancerous deposit, because there was not in that case a pushing aside, but a destruction of brain substance.

Dr. Johnston asked what evidence there was of the cancerous nature of the second specimen.

Dr. Councilman replied that he had not made a microscopical examination, but the specimen was identical with other undoubtedly cancerous deposits found in the patient's breast, lungs, kidneys, liver, muscles and even in the cartilage. The liver weighed six pounds, and more than one-half of it was cancerous.

PRIORITY IN USE OF BORACIC ACID IN OPTHALMIC PRACTICE.—*Dr. Theobald* made a statement upon this subject, in which he reviewed the literature bearing upon the question of priority, which had been questioned by Dr. Gruening, of New York. From a careful examination it appears that Alfred Graefe employed a solution of boracic acid externally as an antiseptic in 1877, and his example has been followed by others since. Beyond this, no mention has been made of the remedy in ophthalmic practice in any of the journals (so far as discovered,) except by Just (Centralblatt für praktische Augenheilkunde, 1878, ii, p., 225), who simply refers to its use directly to the conjunctiva in two cases of blenorrhœa, with a suggestion that further trials be made. Also from a report of Pflüger's Clinic in Bern, of 1878, it appears that he was then using boracic acid as a collyrium with most excellent results Dr. Theobald stated that as the two sources last mentioned had neither been within his reach, he did not feel himself censurable for ignorance in regard to them, and that they alone referred to the method in which he had recommended the use of boracic acid, viz: in solution as a collyrium in inflammatory affections of the eyes.

PESSARY FOR PROLAPSE OF UTERUS.—*Dr. Latimer* exhibited a pessary designed for the treatment of uterine prolapse. It consisted of a hollow silver tube, twisted upon itself in such a way as to form three loops. The instrument was modelled after one invented by Dr. Erich, the only novelty consisting in the material of which it was made. The gutta percha is objectionable on account of its becoming softened and offensive. The silver instrument is free from these drawbacks and produces neither mechanical nor chemical irritation. The particular instrument exhibited had been worn by a patient with comfort for 18 months.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD APRIL 12TH, 1880.

JOHN F. MONMONIER, M. D., President, in the Chair.

After transacting routine business the Association proceeded to the discussion of the regular subject of debate for the evening.

"IS THERE AN ERYSIPELATOUS PNEUMONIA?" *Dr. Cordell* introduced the subject by pointing out the close relations between the skin and mucous membranes, rendering the latter peculiarly liable to be involved by morbid conditions seated in the former, either by direct transmission inwardly through outlets where the two surfaces are continuous, or by the action of the poisonous element, circulating in the system, upon the mucous layer. The respiratory surface is peculiarly exposed to sources of irritation, being brought in constant contact with the atmosphere at varying temperatures and often containing mechanical irritants or germs of disease, and hence we would look naturally in this direction first for instances of the transmission referred to. The preference of erysipelas for the head and face, parts in close proximity to the respiratory membrane, its rapid spread and extensive range of action, give additional reasons for suspecting the existence of Erysipelatous Pneumonia. By this term, he did not mean a disease differing from pneumonia, but the expression rather refers to its connection with and dependence upon erysipelas; in other words, the same cause producing the external erysipelas produces by continuing its action inwardly, or by circulating through the pulmonary vessels,—it is immaterial as to the mode, so the relationship be clearly established,—the pulmonary mischief. It will be much easier to establish the connection by observing cases in which the erysipelas has extended slowly inwards, involving successively the nares throat, larynx or bronchi, and finally the air vesicles, than by relying upon cases in which we may suppose the blood

only to have been the medium of propagation, for owing to the great rarity of the affection, cases of the latter sort may justly rest under the suspicion of being probably coincidences, not effects.

Brief reference was made to the cases of MM. Strauss and Herard, recently reported in French Journals. In the former, a facial erysipelas yielded to symptoms of pharyngitis and this in turn to those of pneumonia; death ensued and a post-mortem examination revealed a bright scarlet color extending from the pharynx to the hepatized lungs,—except an interval in the larynx, which was normal. Why there should have been no involvement of the larynx in this case, we cannot say, but we find an analogy in the course pursued by ordinary colds, which often seem to skip over this part in extending to the bronchial tubes; or we might suppose that there had been symptoms so mild as to have been overlooked, and that a slight degree of inflammation only had existed, but disappeared before death. Allowing that the larynx escaped entirely, the gradual extension downwards as indicated by the symptoms during life and post-mortem after death, together with the instance of exemption of the larynx already referred to, were sufficient proofs to the speaker, of origin of the disease by superficial extension. The case of M. Herard, although recovering, was even more convincing; a coryza was followed by a pharyngitis, and that, the next day, by a facial erysipelas; the second day, the pharyngitis had diminished, but cough and substernal pain had appeared; subcrepitant rales at the apices of both lungs were audible,—later in the day, there was pain in the right side,—and in the evening, the physical signs of pneumonia were perceived; on the third day, the pneumonic signs were still more marked, whilst the facial erysipelas had diminished, etc., etc.

Dr. Cordell reported a similar case, occurring under his own observation; a girl and her mother had facial erysipelas, commencing in both cases, apparently, from superficial sores just within the left nostril. The mother's case preceded the daughter's by some days. The daughter next suffered from sore throat and swollen cervical glands; on the fourth day these symptoms had disappeared, the face was still swollen and scarlet-colored; in the evening she had a violent chill; this was followed by disappearance of facial swelling, troublesome cough, greatly accelerated breathing, pain in the left side of the chest, and the signs of pneumonia in the left lung. Simultaneously there was vomiting, abdominal pain, tympanites, and diarrhœa (the stools being passed involuntarily), as though the disease had extended downwards along the gastro-intestinal canal, as well as into the bronchi and air vesicles. On the sixth day, she coughed up an ounce of pure blood. The notes of the case showed nothing further of a peculiar nature; the pneumonia resembled ordinary pneumonias in its symptoms and course and the patient recovered entirely. Stress was laid upon the successive involvement of the face, pharynx, bronchi and air vesicles in this case, the disease disappearing in the more superficial parts as it extended more deeply.

The rarity of this form of pneumonia was shown by reference to standard works upon erysipelas.

In connection with the treatment, the necessity of stimulating measures from the very first and in full force was insisted on. The tinct. of the chloride of iron has been considered by some, almost a specific in erysipelas; Prof. N. R. Smith, with his vast experience and acknowledged capability of judging, held this view, and other eminent authorities have since shared it. Large doses are required. The speaker declared his confidence in the remedy thus used, and detailed a case which he thought exemplified strikingly its utility. In erysipelatous pneumonia, therefore, it would constitute an essential part of the treatment.

Dr. Webb reported a case of facial erysipelas in a gentleman aged 60, in which after a week, a rapidly-developing pneumonia appeared, of which the patient died in four days. There was no evidence of retrocession, since the erysipelas involved extensively the head and neck after the pneumonia set in. The tinct. of iron had been given in small doses until towards the last.

Dr. Sellman reported the case of a lady, already several times the victim of erysipelas, who had an attack of facial erysipelas, succeeded in three weeks by a fatal double pneumonia. The rash

disappeared after the second day of the pneumonia.

Dr. Hill was disposed to regard cases of pneumonia occurring in connection with erysipelas as pyæmic in character. The cases which had come under his observation, were evidently of this nature, and all were fatal. The only differences from ordinary pneumonia, are the greater severity of the symptoms and a more copious expectoration.

Dr. Sellman observed that, in his case, the expectoration which had been previously considerable, ceased with the development of the pneumonia.

Dr. Kemp related a case of double pneumonia in a gentleman, now well, in which the pulse never exceeded 80, although the temperature was 105 5° F., and respiration 48. Another peculiar feature was the surprisingly small amount of expectoration, which did not exceed ℥ iss in eight days.

Dr. Ashby observed that the amount of expectoration varies very greatly in pneumonia, as well as in other diseases of the organs of respiration. He referred to a case of asthma, in which the patient expectorated during an attack (and the same was repeated in subsequent attacks) over one quart of thin, frothy and blood-tinged liquid.

Dr. Smith referred to a case of single pneumonia, occurring in a negro, 75 years old, and lasting 12 to 15 days, in which there was scarcely any expectoration.

Dr. Cordell remarked, that whilst in his own case he had not observed any peculiarity in the amount of expectoration, its absence was a striking feature in both of the other cases which he had reported, and the "dry cough" was particularly commented on by both observers.

He disagreed with Dr. Hill as to the pyæmic origin of the disease; of course we may have a pneumonia due to pyæmia, but that is an entirely different affection. Pyæmia may supervene in the course of erysipelas, and a pneumonia due to the former may be incorrectly considered as an "*erysipelas pneumonia*." He pointed to the entire absence of any symptoms of pyæmia in the cases reported.

REPORT OF THE MEETING OF THE ALLEGHANY COUNTY MEDICAL SOCIETY.

The regular meeting of this Medical Society was held in Cumberland, on the 18th of May.

There were present Drs C. H Ohr, G. B. Fundenburg, Thos. M. Healey, J. J. Wilson, Spear McClintock, with W. McGill in the chair; J. A. Doerner, Secretary. After the adoption of the By-laws, as reported by Dr. Ohr, the members were presented by Dr. McGill with a very interesting case of injury to the hip joint, followed by partial paralysis of the whole limb.

Dr. Ohr thought it was a fracture in the capsule, with injury to the sciatic nerve, while the other members took a different view. It was concluded however, by advising a thorough examination under chloroform, with a subsequent report of the result.

Dr. Thos. M. Healey related the novel treatment of a case of stricture on a cheap and accessible plan. The patient, (colored,) had a number of very tight strictures, allowing only a No. 2 (English) bougie to be introduced, and that only after some hours of "patience and sweet oil." He had been in a hospital in Washington where he had recived an opinion that he could never get well—the prepuce had been infected with chancroidal poison and in that condition was circumcised. The whole perineum was full of fistulæ and there were one or two into the rectum, with two in the spongy portion of the penis—all the result of false passages made at different times by the attempts of other surgeons to pass the catheter into the bladder. The whole penis and scrotum were in a very high state of œdma.

After getting a No. 2 English catheter into the bladder, he cut the bone end off the same, then attached a wire to the same end, and after cutting the tip off a No. 6, he slipped the one over the other with a surety of enteringthe bladder. It was a success.

The Doctor also reported some cases of scarlet fever, condemning the present sanitary condition of the city, and moved the apppointment of a committe of three (Drs. Healey, Ohr and Fundenburg) to wait on the City Council, and form a

proper board of health with the desired powers to enforce regulations.

Dr. Doerner made a report in which he stated the physicians had almost ignored the reporting of deaths in the city.

Dr. Ohr at once took the floor, and in plain language told the society that the State Board of Health had received powers which would bring these things in proper shape. Dr. Chancellor had intimated to him that physicians would soon be compelled under penalty to report all deaths, and probably the board would exact a report of all cases from January 1st, 1880.

He said, "we ought to make a bold move for the State Board to adopt such a coarse as soon as possible." Every one present was in hearty support of Dr. Ohr's remarks.

After a request of Dr. Healey's, to members of the society to present him with specimens of cancers or other tumors, he in turn to give them a copy of the micro-photography specimen, the Society adjourned until June the 15th, 1880.

JOHN A. DOERNER, M. D.,
Corresponding Secretary.

ADVICES from Europe and Smyrna make it appear probable that before the end of the year the price of opium will be very high. A combination of wealthy speculators has been formed to purchase and hold the crop, and it is not unlikely that East India opium may come into our market.—*New Remedies.*

MR. THOMAS A. EDISON, of Menlo Park, N. J., has turned the force of his "inner consciousness" from the invention of scientific toys to "patent" medicines.—*New Remedies.*

A fearful case of double reflex action is reported to us, where a wife has the hysterics because her husband drinks, and the husband drinks because the wife has the hysterics.—*Louisville Midical News.*

MARYLAND MEDICAL JOURNAL

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BALTIMORE, JUNE 1, 1880.

EDITORIAL.

THE CODE OF ETHICS OF THE MASSACHUSETTS STATE MEDICAL SOCIETY.—This is one of the oldest state medical societies in this country, and until very recently has had no formal code of ethics. At a recent meeting of the society, a concise set of ethical rules were adopted for the guidance of members of the profession in their relations to each other and to their patients. The code adopted by the society is a most excellent one, in many respects, and covers the ground for professional guidance as nearly as can be defined by rules and regulations.

It is an opinion held by many, that the true code for action among members of an honorable and dignified profession should not be expressed in written words, but in a perfect understanding of the relations which should, under all circumstances, exist between gentlemen. However, it has been found necessary to formulate a written law to compel physicians to do the honorable in their conduct towards each other and towards society, and as such laws apply not to the innocent, but to the transgressors, no exception can be taken to so long as equity prevails in their administration.

Laws adopted for the regulation of a medical society should be exercised with such force as to secure entire compliance

upon the part of every member, and any violation should be punished in proportion to the enormity of the offence.

The code is useful so long as its principles are enforced with firmness, and its purity is guaranteed. The least laxity in its administration imposes unjust restrictions upon those who comform to its regulations, and gives respectability to those who grossly violate its sanctity.

It has been too often the case that unprincipled men have taken advantage of the code to give respectability to their acts and to sustain their relations with the profession, whilst their conduct has been such, that, but for their membership in medical societies, they would have been esteemed veritable quacks. The code is thus used to foster their unprofessional purposes by giving a covering of virtue to occult acts, which if exposed would show the most unjustifiable relations with the public.

The Massachusetts Medical Society recognizes the importance of furnishing certain principles and rules of action for the guidance and convenience of the profession, but it established no penalty for the violation of such principles and rules of conduct. In this the code is defective, and it is probable will accomplish very little in routing quackery from that state where, it is stated, it exists to an alarming extent.

INDEX MEDICUS.—Some time ago attention was called to this publication and its claim for support from the profession was pointed out. It seems from the publisher's statement that the value of this publication is not appreciated, and the probability of its suspension has been intimated. We would regard this a most unfortunate result. No publication commends itself so highly to the studious members of the profession as does the *Index Medicus*. It is almost indispensable to those who desire to keep informed in recent medical literature. To allow this periodical to fail from want of patronage may be regarded as a most unfavorable commentary upon the profession. The *Index Medicus* is issued monthly. Its compilation is under the immediate supervision of Dr. J. S. Billings and Dr. Robert Fletcher, of Washington, D. C. It contains a monthly report of the medical literature of the day. By a reference to its pages the progress of medical science can be ascertained in the shortest space of time. A medical library is incomplete without this publication, and the physician who desires to keep pace with his profession can not afford to do without it. It is earnestly to be desired that it will receive proper encouragement.

DR. RANDOLPH WINSLOW, of this city, has recently received the appointment of "Demonstrator of Anatomy," in the University of Maryland.

Dr. Winslow is a young physician of energy, ability and promise. His appointment is a most excellent one, and was worthily bestowed upon one who had worked his way up to the position by some five years of faithful service as Assistant Demonstrator.

WALSH'S RETROSPECT, a quarterly journal of medicine and surgery is edited and published by Dr. Ralph Walsh, of Washington, D. C. The April number of this periodical contains a variety of most excellent matter, selected with rare good taste and judgement. Dr. Walsh has undertaken a good wook, and he deserves the support and encouragement of the entire profession.

THE ARCHIVES OF LARYNGOLOGY, edited by Dr. Louis Elsburg, of New York, and published by G. P. Putnam's Sons, has made its first appearance, and is a most creditable publication. Dr. Elsburg has associated with him such well known specialists as Dr. Cohen, of Philadelphia; Dr. Knight, of Boston and Dr. Lefferts, of New York, with an able corps of foreign contributors. With such assistance we can predict large success and usefulness to this undertaking.

PROFESSOR VIRCHOW has been elected, by an overwhelming majority, to represent Berlin in the German Parliament.

REVIEWS & BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

THOMAS KEITH AND OVARIOTOMY, by J. Marion Sims, M. D., LL. D., of New York, is a reprint from the April number of the *American Journal of Obstesrics and Diseases of Women and Children*, published by Wm. Wood & Co.

In this pamphlet Dr. Sims tells us, Dr. Keith, of Edinburgh, did his first operation in 1862. Since then he has operated three hundred and three times. His success from the first was so astonishing that Dr. Sims was impressed with a great desire to see him operate. In July, 1879, this desire was gratified. Dr. Sims gives in this paper an account of his observations made at that time. Dr. Sims says, "Keith began the use of Lister's Antiseptic method in March, 1877. Previously to that, his success had been from eighty to ninety per cent., while that of other operators had gradually crept from sixty-six to seventy and seventy-five per cent., and in one or two instances to eighty. But under the antiseptic method Keith has cured of his last hundred cases ninety-seven per cent.; seventy-three of these in succession without a single death."

Dr. Sims thinks he has learned the secret of Keith's success, which he attributes to various causes, which may be classed as follows:

First, Keith is systematic in everything he does, as is shown by his careful use of the spray, his attention to anæsthetics (he now uses ether in peference to chloroform), his operating table, the hour of the day (11 o'clock) selected for the operation, and the careful diet of the patient.

2nd. As a rule he does not put his patients under any long preparatory treatment.

3rd. Keith never hurries; he does nothing for display; he leaves no bleeding points. Never closes a wound till he is sure that all oozing has ceased; till he is sure that the peritoneum is perfectly dry.

4th. Keith does not saturate his patient with morphine or opium, but it is his custom to order 20 drops of laudanum or its equivalent, to be given by the rectum after the patient recovers from the anæsthetic if there be pain enough to require it; to be repeated if necessary.

5th. For the first 48 hours the patient takes no nourishment. He gives only brandy and ice as they may be necessary; at the end of this time he allows light nourishment, such as beef-tea and milk and in a day or two the bowels may be moved by enema, unless there is something to contra-indicate its use. Keith attaches much importance to a free discharge of flatus from the rectum, and always watches this symptom with great anxiety.

Dr. Sims closes this instructive paper with a pen sketch of this great man. He tells us Keith is 52 years old, six feet high, slender and slightly stoop-shouldered. He has large deep blue eyes, full of benevolence and gentleness. His voice is sweet and musical. He is as modest as a woman, and of a character altogether lovely. He is quick in action, has great power of concentration and his whole soul is wrapped up in his work.

ELECTRICITY IN MEDICINE AND SURGERY WITH CASES TO ILLUSTRATE, by J. J. Caldwell, M. D., of Baltimore, is the title of a reprint from the March, 1880 number of Gaillard's Medical Journal. In this paper Dr. Caldwell calls attention to the advantages to be secured by the use of *Electricity* in various diseases illustrated by reports of a number of suitable and instructive cases. The pamphlet numbers 41 closely printed pages, handsomely illustrated with cuts of Dr. Jerome Kidder's Faradic Machines and Galvanic Batteries with explanations indicating advantages and method of using them.

Dr. Caldwell has given much care to the preparation of this pamphlet which represents the conclusions drawn from his experience and study in this branch of Neurology.

MALARIA AND ITS EFFECTS, is the title of a pamphlet numbering 32 pages from Dr. J. W. Young. of Fort Wayne, Indiana. This paper is based upon the study of this disease from personal experience the author being a sufferer from the effects of malarial poisons at the time the paper was prepared.

"THE POPULAR SCIENCE MONTHLY," for June abounds in fresh and instructive articles. Paul R. Shipman opens the publication with a contribution entitled "The Classics that Educate Us." "Hysteria and Demonism," by Dr. Charles Richet, is continued from May number. "Dress in Relation to Health," by Dr. B. W. Richardson, and "The Infectious and Contagious Diseases of Children," by Dr. Delpech are papers of special interest to the medical profession. In addition to an excellent list of contributed articles will be found copious Literary Notices followed by an unusually full and attractive summary of recent science in the popular miscellany.

(D. Appleton & Co., publishers, New York, price $5 per annum.)

DR. JAMES NEVINS HYDE, of Chicago, sends us a paper "On a Case of Molluscum Verrucosum, Presenting Certain Unusual Features," read at the 3rd Annual Meeting of the American Dermatological Association, August 1879.

BOOK NOTICES.

Modern Medical Therapeutics. By GEO. H. NAPHEYS, A. M., M. D., etc. D. G. Brinton, Publisher, 1880.

It is surprising with what rapidity successive editions of this work have been given to the profession. Only a few months back we had occasion to notice the 5th edition, then shortly afterwards the 6th, and now a seventh edition, enlarged, revised and greatly improved, is before us. The merits of this book have been referred to in previous notices. It is scarcely necessary to add a word of comment upon this latest edition. The volume so thoroughly commends itself to the practicing physician and has been received with such favorable criticism that further reference is not required.

Lectures on the Diseases of the Nervous System. By J. M. CHARCOT, Professor to the Faculty of Medicine of Paris, etc., etc. Translated from the second edition by George Sigerson, M. D., M. Ch. Henry C. Lea, Publisher, 1879.

Prof. Charcot is so well and favorably known, in this country, that an extended notice of his lectures is unnecessary. By general assent he is regarded an eminent contributor and authority in Neurology. His writings have been placed among the classic works of medical literature in his own and other Continental languages. We are not surprised to find his lectures in English. These lectures were delivered at La Salpêtrière. They embrace the study of a number of different subjects relating to the diseases of the Nervous System. Thirteen lectures are comprised in the volume. The subject matter of these lectures is presented in a practical, easy and attractive style. They will not fail to instruct and entertain the student of Neurology.

Sore Throat its Nature, Varieties and Treatment. By PROSSER JAMES, M. D., Lecturer on Materia Medica and Therapeutics at the London Hospital, etc. Fourth Edition, Illustrated with Hand-Colored Plates.
Published by Lindsay and Blakiston, 1880.

This work has now reached its fourth edition and with each edition has grown in professional favor It is a most excellent book in which a good deal of useful information is presented. It will be found a most valuable guide for the student of Laryngoscopy or Rhinoscopy. The book is illustrated with most excellent colored plates which accurately depict twelve examples of laryngeal diseases drawn and painted from life by the aid of the laryngoscope.

The volume numbers 311 closely printed pages, divided into 23 chapters, which treat of the "Nature and Varieties of Sore Throat, Diagnosis and Treatment" embraced in part 1. Next in part 2, "Diffused Affections" are presented, and lastly in part 3," "Diseases of Individual Organs," are considered

Common Mind-Troubles and The Secret of a Clear Head. By J. MORTIMER-GRANVILLE, M. D., M. R. C. S., etc. Published by D. G. Brinton, Philadelphia, 1880.

The editor of this book informs us that the author Dr. Joseph Mortimer-Granville has not hitherto been introduced to the American public, though in London he has a favorable reputation as a student of diseases of the mind.

This work is written for popular instruction. The first part treats of those mind troubles which are most frequent,

which are always the source of unhappiness, and sometimes the warnings of insanity. The second part contains the positive precepts for gaining and keeping a clear head, and a happy spirit. This part should commend itself especially to the majority of people, who if not positively stupid and ill-natured manifestly need clearer heads and happier hearts than the average mortal is possessed of.

Skin Diseases Including their Definition, Symtoms, Diagnosis, Prognosis, Morbid Anatomy and Treatment. By MALCOLM MORRIS, Joint Lecturer on Dermatology at St. Mary's Hospital Medical School and formerly Clinical Assistant, Hospital for Diseases of the Skin, Stamford Street Blackfriars.
Published by H. C. Lea, Philadelphia, 1880.

This book is designed as a manual for students and practitioners, and is intended to supplement existing treaties upon Skin Diseases by presenting its subject matter in a condensed form and upon a carefully arranged plan. It apparently fulfils the designs of the author. The book commends itself principally to students in search of short descriptions and brief outlines of Dermatology.

The Venereal Diseases Including Stricture of the Male Urethra. By E. L. KEYES, A M., M. D., Professor of Dermatology and Adjunct Professor of Surgery in the Bellevue Hospital Medical College. Pp. 342. William Wood & Co., Publishers New York, 1880.

This volume is the first number of Wood's Standard Medical Library, 1880. It is a most excellent specimen of this series of practical and useful publications which is being offered to the profession at a mere nominal price.

The volume aims to present the various venereal diseases as accurately as possible, avoiding such unnecessary refinement upon theoretical and mooted points as would be apt to lead to confusion or to error. Many of the views expressed in this book have already been made public by the author in various books and essays. In the treatment of syphilis, Dr. Keyes has modified his practice so that the tonic dose of the specific is made rather smaller, and the course rather larger than formerly.

The author opposes the views of those who endeavor to break down the distinctions between the initial lesion of true syphilis and chancroid, and who teach that chancroid may be derived from the products of the syphilitic early or late lesions.

The author protests against the views of Professor Otis and his school in urinal pathology. His language is pointed and unmistakable. We quote his remarks: "Otis in this country, has generalized, from his own experience, laws still more positive than Vernuil claiming that organic stricture is very common forward, and quite infrequently occurs in the deep urethra, spasm being at the bottom of most of the so called tight organic strictures in this region." "These gentlemen, have, however, as yet failed to convince a majority of the sober-minded men in the profession, either by their cases or their arguments, that spasmodic stricture of the urethra is so common, or organic stricture so rare."

TRANSLATIONS.

Inoculated Tubercle, by *F. A. Rheinstadler Cbtt., f. d. Med. Wiss.* The author introduced small quantities of liquid, in which tuberculous matter had been previously placed, into the trachea of dogs and rabbits. In other cases he introduced small particles of scrofulous glands and tuberculous sputa. In every one of these cases, extensive tuberculosis followed in the lungs of the animals experimented on, and usually also in other organs, especially in the liver.

In the tubercle cells, very minute round granules were discovered,

which the author was convinced were organisms.

He believes that Tuberculosis is an infectious disease, which depends upon the transmission of certain very minute organisms.

IODIDE OF POTASH IN OPHTHALMIC PRACTICE.—*Cbtt., January 31st, 1880.*

Schlaefke shows that calomel, when used locally during the internal administration of iodide of potash, produces severe inflammation of the external parts of the eye. He explains this by the rapid absorption of the iodide, which appears in the tears a few minutes after its administration. Now calomel is very soluble in a solution containing chloride of sodium, as the tear secretion. Thus dissolved and coming into contact with the iodide, iodide and iodate of mercury are produced, which act as caustics. The practical application of this observation is obvious.

PERNICIOUS ANÆMIA: CIRRHOTIC CONTRACTION OF THE STOMACH AND DISAPPEARANCE OF THE GASTRIC FOLLICLES.—*Nothnagel* (*Cbtt., January* 31.), reports a case, in a shoemaker, aged 23, who had suffered nine years from nausea, vomiting, anorexia, flatulence and a feeling of fulness in the epigastrium. In May, 1878, he presented himself with symptoms of progressive pernicious anæmia. In spite of transfusion, the patient died.

On post-mortem the body presented a general pallor; in many of the internal organs blood was found. The stomach was five inches long and 2½ inches wide. Its walls, especially towards the pylorus, were greatly thickened and grated on cutting.

Microscopic examination showed the absence of the follicles in the vicinity of the cardiac orifice and a scantiness of vessels owing to the development of fibrous tissue.

TRANSMISSIBILITY OF HYDROPHOBIA FROM MAN TO THE RABBIT.—*Raynaud* injected into a rabbit the sputa of a man affected with hydrophobia. Four days after the animal was seized with violent hydrophobic convulsions, and extreme agitation, accompanied by cries and foaming at the mouth. Death ensued the following night.

Pieces of the submaxillary glands of this animal, removed thirty-six hours post-mortem, were introduced subcutaneously into two other rabbits with the effect of causing death in five and six days respectively; in these two there were symptoms of paraplegia, but no convulsions. Conjestion of the lungs was found in all three, and in one this had gone on to the extent of hemorrhage. Injection of the blood of the man into a rabbit produced no effect.

SALICYLATE OF SODIUM IN ACUTE RHEUMATISM.—*Cbtt. January 31st, Diesterweg* communicates one hundred cases. All were cured except one (a girl aged 20), and in periods of time not exceeding (with one exception) seventy-two hours. The amount of the remedy employed was from 75 grains to 600. In three cases (cured), a suppurative arthritis of a joint of the foot remained, which was cured by opening and drainage.

In eleven cases there were relapses, chiefly in the first and second weeks.

Heart complications occurred in five cases, of which three had previously suffered from affections of the heart.

Pleuritis appeared three times.

E. F. C.

MISCELLANY.

THE May number of the *Therapeutic Gazette*, edited by Dr. Wm. Brodie, and published in Detroit, Michigan, contains an able and suggestive editorial on "Bromide of Ethyl."

Attention is directed to the method of preparing this anæsthetic, and to the various impurities which may result in its preparation.

Dr. Brodie remarks:—"In prepar-

ing bromide of ethyl the greatest share of attention should be given to the removal of the just named ethylene di-bromide ($C_2 H_4 Br_2$) as this is a body easily decomposable with evolution of bromine, interfering seriously with the anæsthetic action of bromide of ethyl, and it may even produce fatal results by its presence.

The high specific gravity of this ethylene compound, 2,16, as well as its high boiling point, 129° C. (264° F.) enables us to confirm its presence if existing in any notable quantity, and no bromide of ethyl should be used having a specific gravity higher than 1.419 at 16° C., and a higher boiling point than 41° C. (105.8° F.) If the proportion of ethylene di-bromide is considerable it will even happen, on mixing some of the suspected sample with sulphuric acid, that a part thereof will sink below the surface of the acid.

It is of the greatest importance to caution against the employment of a mixture of bromide of ethyl and chloroform or against bromide of ethyl adulterated with the latter, for the reason that in such a mixture when inhaled, the bromide is readily decomposed and may produce dangerous results.

A mixture of one volume chloroform with two volumes bromide of ethyl has a specific gravity of 1.4448, and on heating in a retort with a little platinum black gives at once a distillate partly soluble in water, and of a decided acid reaction, consisting chiefly of formic and bromhydric acids. What is here accomplished by the platinum black is also brought about in the economy by the analogous operation of the lungs, only on a larger scale; pure bromide of ethyl alone is not decomposed under like conditions. In order to possess the certainty that a pure bromide of ethyl, fit for administration as an anæsthetic, and harmless as such, is under examination, it should first of all answer exactly the simple tests mentioned above in regard to specific gravity and boiling point; too much value cannot be attached to this initial proceeding. The specific gravity should never be less than 1.418, and not over 1.419, a preparation of assured purity remaining within these limits. The boiling point should never be over 41° C.

A small quantity of the sample should evaporate rapidly from blotting paper, and should leave no odor reminding of sulphur or garlic."

ALUMNI ASSOCIATION OF THE SCHOOL OF MEDICINE. UNIVERSITY OF MARYLAND.—A Special Meeting of this Association was held in the Chemical Hall of the University Building Corner Greene and Lombard Streets, for the purpose of framing a Constitution and By-Laws, on May 1st, 1880.

The President, Prof. G. W. Miltenberger called the meeting to order. The Secretary reported that he had secured all the annual addresses delivered since the first organization in 1875, and also an address of Dr. Miltenberger in 1855, upon the occasion of an earlier organization of the Alumni. Letters were read from Professors Bartholow, Cabell and Dugas, Surgeon General Wales and Bishop Chatard, Alumni of the School, expressing their approval of and interest in the Association. Dr. Cordell read a sketch entitled, "Our Alma Mater in 1807." giving an account of the events connected with the founda- of the School. The following were elected as an Executive Committee: Professor L. McLane Tiffany, Drs. J. Shelton Hill, E. F. Milholland, Jas. A. Steuart and W. G. Regester. Resolutions were passed requiring competitors for the $100 Alumni Prize, established at the annual Meeting, to hand in their essays by February 1st; the essays then to be examined by a committee appointed for the purpose, upon whose report, the prize shall be awarded at the annual meeting. Dr. Samuel P. Smith, of Cumberland, an alumnus of

the year 1817, and supposed to be the oldest living graduate, was present and was received with marked respect. The Committee, to whom the duty had been assigned, reported a Constitution and By-Laws, which were partially acted upon, further action being deferred to an adjourned meeting to be held May 8th at the same hour and place. The Association then partook of an entertainment set out in the Faculty room. At the meeting held May 8th, the work of adopting a Constitution and By-Laws was completed. The Constitution provides that the annual meeting shall be held in the Chemical Hall on the day following Commencement Day; that an annual oration shall be delivered; that the membership fee shall be $1 per annum; that all alumni of the school, in good standing, shall be eligible to membership, &c., &c. We are informed that the number of names so far placed upon the roll amounts to about 125. Alumni who wish to join the Association may send their names to the Recording Secretary, Dr. Eugene F. Cordell, No. 125 North Charles Street.

Dr. Sims, in a reprint from the *American Journal of Obstetrics*, April number, in speaking of the use of the clamp in ovariotomy says, Listerism "has killed the clamp, and even Spencer Wells uses it no longer; or so rarely as to make its use quite exceptional. He uses the intraperitoneal ligature, cutting it off close, and leaving the pedicle within the peritoneal cavity. His pupils Bantock and Thornton, who succeeded him in "The Samaritan Hospital," in December 1877, adopted the antiseptic method then, and with it the intraperitoneal ligature, never having used a clamp since that time. Thus we see the two greatest ovariotomists living, Spencer Wells (with his lieutenants, Bantock and Thornton), and Thomas Keith, both treating the pedicle by the intraperitoneal method—the one by the ligature, and the other by the cautery, which settles forever the question of the clamp."

Seven medical students have died of diphtheria contracted in the Hospital des Enfants-Malades, Paris, during the past year.

Dr. Sims says, Keith's operation for ovariotomy is characterized by system. "He uses Lister's apparatus with three jets, which works six hours of necessary, and is placed to the left of the patient's head, at a distance eight or nine feet from the seat of operation. Most surgeons place it at the feet and to the left. By Keith's plan the spray interferes less with the assistants, and is not expended on their arms and elbows. After operations, his sponges are thoroughly washed, and then soaked for ten or twelve hours in a solution of washing soda, which cleanses them of blood and fibrine. Previously to operation, they are soaked in carbolized water (one to twenty). Just before operation they are wrung out of a hot carbolized solution, and put in a tighly covered tin-pail, and placed near the fire to be kept warm till they are used."

Dr. Edward Copeman, of Norfolk, England, died recently at the age of seventy-one years. He is the author of Copeman's method, which recommends the dilatation of the *os uteri* as a means of relieving the vomiting of pregnancy.

Wm. Sharpey, M. D., F. R. S., so well known to students of anatomy as one of the authors of Sharpey and Quain's Anatomy, died on April 11th, at the advanced age of 78 years. Dr. Sharpey was educated at Edinburgh, London and Paris. He was appointed lecturer on anatomy in the Edinburgh school in 1830. In 1835 he was made professor of anatomy in the University of London which position he filled until 1874, when advancing years compelled him to resign.

THE GENERAL HOSPITAL (*Algemeines Krankenhaus*) at Vienna is pronounced the grandest store-house of disease in the world. It has a capacity of 3000 patients. This hospital is under the charge of the Medical Faculty of the University of Vienna; the whole University consisting of four Faculties, Theology, Law, Medicine and Surgery, and Philosophy. 3,372 students were enrolled during the year 1879; of these 778 were students of medicine.

THE BALTIMORE ACADEMY OF MEDICINE, at a recent meeting, adopted a series of resolutions establishing a biennial prize of $100, to be awarded subject to the conditions explained in the resolutions, which will be made public in due time.

DR. GEO. J. ENGLEMAN, of St. Louis, Missouri, is desirous of obtaining information with regard to the *Posture of Women in Labor*. Many of the readers of this *Journal* may have observed curious positions occupied by women in labor. Any information furnished Dr. Engleman will be appreciated.

SUMMER COMPLAINT IN CHILDREN.—The season of disaster among the infants is even now upon us, and the bulk of the physician's practice during the next few weeks will be in caring for the bowel complaint of children. Doubtless the vast majority of these complaints are directly traceable to errors in diet. The physiological fact is unknown to the vast majority of mothers, and is forgotten or disregarded by very many physicians, that the infant before it has its teeth, does not secrete saliva in sufficient quantity for the digestion of starch food, and the consequence is the general prevalence at this season of infantile diarrhœa Cow's milk, next to that of the mother the most natural food for the child, very rapidly sours during this weather, unless greater precautions are taken than is generally possible, and it thus becomes a fruitful cause of trouble. What is wanted is a food which shall obviate the objection to both farinaceous or starchy preparations and milk. With such a food in the hands of mothers, disease and death among the children, at this season particularly, would be largely reduced. It remained for Liebig to prepare a formula for such a food, and many physicians can testify to its success. It is easy to understand, however, the difficulty in the way of preparing this food by a general practitioner, and it is with pleasure we note the fact that Horlick's Food for Infants. which is prepared after Liebig's formula, can now be had at most of the drug stores. We have found that little else is required in many cases of summer complaint, than to place the child on this food as its exclusive diet.—*Michigan Medical News.*

SULPHUR IN TREATMENT OF ACNE.—Dr. J. G. Parsons says, that a far more efficacious mode of treating acne than the lotion of flowers of sulphur with glycerine and water, as proposed by Erasmus Wilson, is to dust the part with pure precipitated sulphur every night, using for this purpose an ordinary toilet puff. He says that this will usually effect a cure in about two weeks. If desirable oil of lemon or rose may be added to conceal the odor of the sulphur.—*Brit. Medical Journal.*

ETHER WITH COD LIVER OIL.—A committee of the New York Therapeutical Society found that the addition of the ether, in the proportion of min. fifteen to each ʒss, will enable the oil to be retained in a vast majority of cases, although it may previously have disagreed. In some cases it is necessary to give the two separately, the ether following the oil about fifteen to thirty minutes. No opinion, however, was expressed as to any superiority of the mixture for purposes of nutrition.

Dr. Robert Amory, of Boston, has reported in the *Boston Medical and Surgical Journal*, a series of observations made by him upon the blood of patients to whom Wyeth's dialysed iron was being administered. He concludes that it is preferable to the more astringent iron-salts, because it does not impair the digestion, nor produce constipation. Many of the solutions of dialysed iron are useless, more are very dilute, and a few are of pretty uniform standard and contain only the products of dialysis from a salt of iron and distilled water. If physicians use a worthless preparation, they need not expect an improvement in the anæmia; if they use a dilute solution, they must use a larger amount of it. In the preparation, used by Dr. Amory, the solution had a specific gravity of 1.042 and had no free acid.

Effect of the Hot Vaginal Douche.—Prof. A. Rives Jackson, of Chicago, made some careful observations upon the effects of the hot vaginal douche, and ascertained that the emptying of the superficial vessels is of very short duration, and he is doubtful whether the astringent effect extends at all to the more deeply-seated pelvic organs. One patient examined one hour after an injection at 108°, continued for 25 minutes, presented a relaxed and bright red vaginal mucous membrane. He is sure that that its employment in vaginitis, &c., is injurious.

Dr. C. M. Sebastian, in Medical Herald, says that he has prevented the recurrence of Hay Fever, by the use of a close lady's veil, worn over the face, which excludes from the air passages, pollen, &c., that may be floating in the atmosphere.

The Maryland Medical Journal cordially endorses the above notice from the Record. It is impossible to publish a useful and progressive journal without money.

Bichloride of Methylene as an Anæsthetic.—Dr. Yandell writing to the *Louisville Medical News*, from London, says that Mr. Spencer Wells has used this anæsthetic for more than ten years without an accident, and considers it the safest and best of anæsthetics. Dr. B. W. Richardson, its inventor, says that in over a hundred thousand cases in which it has been employed for a similar purpose, no evil has resulted. Mr. Thornton, of London, used it exclusively as an anæsthetic in his surgical practice, and claims for it that its effects are less dangerous, more rapid, and less likely to be followed by vomiting than is the case with chloroform.

Treatment of Barber's Itch.—Brame recommends the following treatment: Shave off the hairs, or cut them very short; then apply once or twice a week an ointment composed of

℞. Prepared chalk 10 parts,
Coal-Tar 1 to 4 "
Glycerine 5 "
Simple Cerate 50 "

La Duche Pharm.

Prompt Renewals of subscriptions are in order. If you do not like the *Clinical Record* and its policy and *do not intend to pay for it*, be courteous enough to say so, pay up arrears and discontinue in a gentlemanly way. If you do like it, renew your subscriptions and ask your medical friends to subscribe.—*St. Louis Clinical Record.*

Creasote and Phthisis.—Creasote is extensively used and highly extolled in this disease in France. The dose employed is about gtt. iss, twice a day. It is said to produce marked improvement in the symptoms and signs, increase of weight, &c.—*Practitioner*

The first recorded use of anæsthesia for surgical pusposes: At the removal of the rib from Adam's side,

MARYLAND MEDICAL JOURNAL,

PUBLISHED ON 1st AND 15th OF EACH MONTH.

THOMAS A. ASHBY, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

ORIGINAL PAPERS.

INSANITY OCCURRING IN THE PUERPERAL STATE.

BY A. B. ARNOLD M. D.

Professor of Clinical Medicine and Diseases of Nervous System, College of Physicians and Surgeons, Baltimore, Md.

Puerperal insanity is considered a special form of mental disease by many systematic writers, both of England and America, whilst German alienists are opposed to multiplying the nomenclature of insanity on the basis of pathological conditions which are not distinctive of the malady. Dr. Skæ mentions even mania of pregnancy, mania of childbearing and mania of lactation. In our present state of knowledge concerning the etiology and morbid anatomy of insanity, it is hardly permissible to adopt any other principle of classification than that which is founded on clinical differences. The puerperal state appears to act in many instances as an exciting cause of alienation, like numerous other morbid influences which are apt to develop psychical disturbances, especially in those who are predisposed to them. Still it cannot be shown that the so-called puerperal insanity manifests symptoms of a peculiar character. Practically it is of no advantage to discard the old terms of melancholia and mania as long as the pathology of mental disorders remains so exceedingly obscure.

A brief analysis of some of the cases that came under my immediate notice will bear out the fact that even in the way of affording indications of treatment, very little is gained in considering the puerperal state an essential element of the disease.

CASE 1st. Mrs. E. K., comes from a family saturated with insanity. She had borne four children without being affected with the slightest signs of mental disturbance. During pregnancy with her fifth and last child, she became much depressed in mind, and as she neared the period of delivery she suffered from hallucinations of a decidedly melancholic nature. Labor was natural, but she could not be allowed to nurse her child, because of her violent conduct which had assumed a maniacal type. The exacerbations of excitement gradually abated in frequency and severity, and finally gave way to the harmless inclination of wandering about in the streets, and of visiting friends and acquaintances at all hours of the day. Occasionally she would take considerable interest in her family affairs, but her mind was never fully restored. For the last six years she has been an inmate of a private insane asylum, where she has thus far derived no benefit from treatment.

Case 2nd. A young married woman, after having been safely delivered of her second child, was rather suddenly attacked on the fourth day with violent headache attended by febrile movements and active delirium. I saw her in consultation on the next day. At that time she was furebund and almost incontrolable; the pulse was extremely rapid and feeble, the face haggard and deadly pale. She had only short respites between the paroxysms of maniacal excitement. She died the same evening from evident exhaustion.

Case 3rd. Mrs. S. R., the mother of three children, was delivered of her fourth by the forceps, on account of a very protracted labor. She did well for the next five days; the lochiæ where normal and in sufficient quantity, and there was an abundant secretion of milk. On the evening of the fifth day she began to complain of headache and great muscular weakness. Fever developed during the night, and towards morning she became so unmanageable, that she required the continual watching of several assistants. At my first visit after the maniacal symptoms had made their appearance, I found her standing upon the bed in a state of nudity, her hair disheveled, and gesticulating wildly with her hands and arms. By turns, she would sing and shout and use vile language, and then snatch up some of the bed-clothes and fling them at the bystanders. In fact, the case presented the classical picture of acute mania. As soon as chloral hydrate began to exert its beneficial effect in procuring at first short naps of sleep, and then a more prolonged rest, the patient improved rapidly, and was convalescent on the tenth day from the date of her confinement. No family history of insanity could be traced in her case.

Case 4th. Mrs. H. F., a primipara, æt. 24. This patient had a natural labor, and for the next two days was doing as well as could be desired. The first intimation of a change was an indifference or rather an aversion to her child. She refused to put it to the breast. The patient was remarkably apathetic, talked very little, asked for nothing, and wanted to be left entirely alone. The expression of her face was one of sadness, as if she were brooding over some calamity that had happened to her, and the questions put to her by her husband and friends, were answered by sighs and tears. This undefined mental depression, after the lapse of several weeks took on the concrete form of religious delusions. The treatment at home being unsatisfactory, especially as proper attendants could not be procured, she was at my suggestion, sent to an asylum. She has remained there for nearly eight years without any improvement in her mental condition, though her general health is good. The mother and a sister of this patient had been inmates of an insane asylum.

Case 5th. Mrs. A. S., 23 years old, primipara, went through a natural labor, nursed her child and was doing well up to the fifth day of her confinement; she then became restless and began to wander. There was no fever. The maniacal excitement increased during the next few days, but the lochiæ and the secretion of milk did not diminish. As she gradually became more quiet, and could be easily managed, she was allowed to get out of bed and attend to some few things about her room under the supervision of her nurse. At this time she had the peculiarity of catching up words that she heard during conversation, which she either incessantly repeated or replaced by other words or syllables that correspond to them in sound, though frequently they were of her own coinage. For instance, on hearing the word bed, she would rhyme thus: *bed, head, led, ged, fed, med, dead, said, red, ned, ked, &c., &c.* This patient made a good recovery after having been ill six weeks.

Case 6th. Mrs. B., a young married woman had suckled her second child for 13 months when she began to fail in health, and found herself unable to attend to her ordinary household duties. She consulted with me at my office for the relief of her increasing feebleness and a feeling of despondency that had come over her, and for which she could assign no reason. In the course of my examination, I drew from her the confession that she sometimes felt an almost irresistable inclination to kill her infant, and that this horrible thought which she strives to banish from her mind, robs her of sleep and rest. The treatment which naturally suggested itself in this case was promptly carried out and with marked success.

CASE 7th. Mrs. H. M., was delivered of her first child at the age of eighteen. She suffered extremely from painful nipples; a mammary abcess formed on the fourteenth day. The attending febrile movements abated after the opening of the abcess, but the delirium which was a prominent symptom, continued and assumed a moderate maniacal type. The patient talked incessantly and wandered from subject to subject in a rambling manner. Her language which she interspersed with snatches of poetry was remarkable for its elegance of expression on ordinary topics. The case was taken out of my hands and against my protestation sent to a private asylum for the insane, where she remained nearly three months before she was allowed to return home. Two years later I attended her in her second confinement, when she again had a sore breast which brought on high fever and delirium of precisely the same character as in her first childbed. She made, however, a good recovery in less than two weeks. This patient told me that she got rid of her delirious excitement while in the asylum in about the same time, but was prevailed upon to remain under treatment for a longer period

CASE 8th. The last case which I shall relate is one of those rare and remarkable instances of transitory insanity. The woman about forty years of age had borne six children. She had always had easy labors and a quiet childbed. I attended her during her last parturition which was normal and of rapid termination But just as the head was passing through the outlet, she suddenly raised herself up and uttering a terrible imprecation she grasped the head of the child and tried to strangle it. I succeeded in rescuing the child from her clutches, but not without the assistance of her husband, who was fortunately at the bed side. The maniacal excitement was of short duration, for as soon as the child was fully born she was completely quieted and fell into a deep sleep, which lasted several. hours. When she awoke, she was rational, but entirely oblivious to what had happened; she nursed the child and fondled it as mothers do. She has since remained in good health.

There can hardly be a doubt that in the first case the puerperal state merely brought the dormant insane diathesis to an outbreak of established alienation. The character of insanity in this patient differed in no essential points from ordinary mania; and besides, she had passed through her four previous labors without the development of any untoward symptoms.

In reference to the second case which resembled in every respect the clinical features of acute delirium, such as is occasionally witnessed in typhoid fever, pneumonia and articular rheumatism or is sometimes spontaneously developed in young people, nothing can be advanced with any degree of certainty that would connect its pathology with the puerperal condition.

The third case is a fair example of that form of mental disease which agrees with the description usually given of a typical case of puerperal insanity. It cannot be shown however, that a large proportion of cases of insanity occurring in the puerperal state partake of this character.

In the case of Mrs. F., we have the usual history of one of the most numerous examples of insanity in which melancholia passes into mania. No marked cerebral excitement was at any time observed in her case. The mental disorder became chronic in the form of fixed delusions, which always yields an unfavorable prognosis as to ultimate recovery. That the puerperal condition in this case must be viewed in the light of an etiological factor is highly probable, but the character and sequence of the symptoms presented no peculiarities distinguishable from the features of ordinary insanity, and indicated no special mode of treatment.

Similar remarks are applicable to case fifth.

The symptoms of melancholia with homicidal tendency as exemplified in case 6th, may perhaps, with some justice be ascribed to anæmia and nervous depression resulting from lactation; but even in this case the morbid mental phenomena exhibited the same characters which are the rule in ordinary cases of melancholia from whatever cause.

CASE 8th. is of great interest not only because it shows that the intensity of the throes of labor may suddenly bring on

in a previously healthy woman the most terrible of all forms of insanity, but also on account of the medico-legal question it might have involved in case the woman had been the mother of an illegitimate child, and had succeeded in causing its death in the manner indicated. A medical expert who is guided in his opinion by the description usually given of what is called puerperal insanity, would hardly include in this category of mental aberrations, instances of transitory madness. The point upon which I would lay particular stress is this, that in a case of this kind and in all other species of insanity which stand in connection with the puerperal state, it is safest in regard to therapeutics, as well as in the interest of forensic medicine to judge each case mainly by its clinical features, while at the same time its possible etiological factor may assist in affording indications for treatment.

With the exception of the case of Mrs. B., in which the prohibition of suckling her child any longer was undoubtedly imperative, the management and treatment of all these cases had to be conducted on principles independent of the actual or incidental causes of the mental disorders.

According to general experience, it is acknowledged that among the various species of insanity, the acute forms of melancholia and mania are the most amenable to treatment. Both have a natural tendency towards recovery and frequently yield to judicious management and a well directed course of therapeutics. The great desideratum in acute delirium is to counteract nervous exhaustion. Among the best reputed remedies for this purpose are sedatives and hypnotics. Chloral Hydrate stands certainly at the head of this class of remedies and must be given in very large doses. In cases where the cerebral excitement is incessant and of a high grade, the well-known plan adopted by Graves may be followed. He prescribed in these desperate cases, large doses of tarter emetic and laudanum in combination, and in rapid succession, until a decided impression is made upon the system. Cold applications to the head in the form of the ice-bag or helmet and cathartics seem to be indicated but cannot be relied upon in these cases which are apt to run a rapid course and to terminate fatally.

Digitalis is much employed in hospitals in milder forms of maniacal excitement. My experience with this drug in such cases speaks much in its favor. The medical treatment of chronic melancholia as it occurs in the puerperal state is unsatisfactory. There is a general agreement among alienists that opium or its preparations exercise no apparent beneficial influence in this form of insanity under any condition. The depressed mental state of the melancholic would rather call for a supporting treatment, and this is attended with much difficulty on account of the opposition which this class of patients offer to sufficient feeding. In fact the greatest dependence in the management of such patients is placed upon proper alimentation. Tepid baths have a soothing influence, and are therefore highly recommended in severe cases of melancholia.

The question of sending insane patients to an asylum will always arise in cases which are chronic from their beginning, or become so in the course of the disease; and as the decision in such cases occurring in the puerperal state rests with the attending physician, he must exercise his best judgement I have always followed the practice of recommending the benefits of a well-conducted lunatic asylum to those of my patients whose malady gave evidences of unmistakable chronicity.

AN ANSWER TO DR. RANDOLPH WINSLOW'S "REPLY" TO DR. NANCREDE'S PAPER UPON THE TIBIO FIBULAR AND ANKLE JOINT.

BY CHAS. B. NANCREDE, M. D.

Surgeon to the Episcopal Hospital, Philadelphia, Lecturer on, and Demonstrator of Osteology and Syndesmology in the Medical Department of the University of Pennsylvania.

Dr. Winslow, in the issue of this JOURNAL for May 15, 1880, has written a "reply" to one of my papers, which—of course unintentionally—does me grave injustice. My most partial friends could

not fail to gather from the perusal of Dr. Winslow's paper, that I had arrogated to myself the discovery of certain well known anatomical facts, relating to the configuration of the articular surfaces of the ankle and tibio fibular joints, ligaments, etc.

If he had quoted my opening sentences, I think that the remainder of his paper would read differently. These sentences are as follows: "Gentlemen—The remarks that I propose making this evening are original only in the sense of the arrangement and interpretation given them. The mere knowledge of the configuration of the bony sufaces, and the course pursued by the ligamentous fibres has been long known."

Again, if the gentleman will remember that most of my auditors had no special anatomical knowledge, and that therefore it was necessary to make certain preliminary remarks, which at the time were stated to "have been long known," he will surely acquit me of the charge of plagiarism, which his paper seems to imply.

Never having had the pleasure of hearing Dr. Miles' lectures, and not having then read Dr. Humphreys' work—which as I shall presently show does not explain the more important facts at all as I do—Dr. Winslow cannot justly charge me with wilfully ignoring another's claims.

It is quite common for the same idea to occur to, and be independently enunciated by several observers. This is clearly the case here. I was fully prepared in the debate upon my paper in the Philadelphia County Medical Society, to hear my claims questioned, as the fact seemed so self-evident that I am surprised that *all* have not made similar observations.

To both Drs. Humphrey and Miles is clearly due priority, although unknown to me, in teaching the uses of the wedge-shaped astragalus, but that of their explanations of the functions of the tibio fibular joints is *incorrect*, I still maintain

I cannot understand the fairness of the comment which impliedly claims for Dr. Miles a meed of praise for his self-abnegation in not claiming priority for certain views previously taught by Dr. Humphrey, and indirectly calls in question the propriety of another gentleman's action in publishing as original, views which in their great essentials are totally different, and as he thought were in their totality new, and who in concluding his paper says, "I wish merely to say that I am personally unaware of similar explanations of the functions of these joints, and have been informed by two of the highest authorities on anatomy in this country that they are new to them" * * * "and shall be happy to acknowledge the priority of any other observers claims if proved to me."

Dr. Winslow's method of disposing of the only original point distinctly claimed in my paper, "the arrangement and interpretation given them," i. e., well known anatomical facts, is exactly the usual means employed to annihilate any presumptious heretic who dares to differ from the accepted views. No arguments are adduced, but the authoritive statement of the views of Drs. Winslow, Miles and Humphrey are given, with the evident belief that these dispose of the whole matter definitely and satisfactorily. If a similar plan were always pursued, how could science advance?

Let me, however, attempt to handle their views in the only truly scientific manner i. e., by trying everything upon its own merits, and then see whether a verdict can be rendered in their favor. All three admit, what all must, the necessity for an adaptable socket. Humphrey explains this by saying that there is a "yielding of the outer malleolus in a lateral direction under the pressure of the articular surface of the astragalus during flexion and its recoil in extension" * * * dependent "upon the elasticity of the bone itself." A little reflection will demonstrate the mechanical impossibility of this view. The articular surfaces of the superior tibio-fibular joint are coated with cartilage, and the joint is enclosed by a *loose* capsule, i. e., *the joint surfaces move upon one another*. No one doubts the mobility of the inferior tibio-fibular joint. Now how is it possible to "spring out" the external malleolus, i. e., bend the fibula *in* above the joint, when the other end of the bone is free to move, when you cannot fix it to get a point for counter pressure, and the moment force is exerted one bone must slip upwards upon the other to a limited extent? This very slight "slip" upwards is just sufficient

to relax the oblique ligamentous fibres enough to allow the socket to be pressed apart. This upward gliding of the fibula is not theory, since before writing these sentences I felt my own fibular head move distinctly *upwards during flexion, and downwards during extension.* Again, any *child can readily without any force flex an adult foot when the muscles are relaxed.* Now does any one suppose that the fibula can be "sprung out," for a tourth of an inch say—I am well within the necessary limits—by means of a child's hand, which experiences no resistence worth mentioning during the effort? I have not the time to make the experiment to see how much force it would require, but I am sure that nature never made such a clumsy arrangement, requiring so much useless expenditure of force, when a simple slip up of less than a fourth of an inch, probably, would by relaxing the ligament enable the socket to be sprung apart. I need not pursue the subject further although other arguments might be adduced. As just said it is not theory for I have demonstrated the slipping of the whole bone to others, and anyone with *due* care can do so for himself.

From these considerations it will be seen that Humphrey's views and mine differ radically, and had I been aware of them when writing my paper, I should merely have endeavored to refute them as I have just done.

It is very possible that both of my anatomical authorities were thoroughly familiar with Humphrey's views, but they were not with mine, which I trust I have shown to be very different.

It is a signifiicant fact that Morris, the latest authority on the joints, who in his preface acknowledges his indebtedness to Humphrey's works, merely vaguely refers to some elasticity at the inferior tibio fibular joint, but says not a word about the "springing out of the malleolus" mentioned by the latter.

A full and clear idea of my views can only be attained by a careful perusal of my paper, with its accompanying cuts. Enough has been said, however, to show that they are *not* identical with those of any preceding observer as far as I am at present aware.

2109 Pine Street, Phila., May, 1880.

REPORTS OF CASES.

A CASE OF ACUTE SENILE GANGRENE.

BY OSCAR J. COSKERY, M. D.,

Professor of Surgery College of Physicians and Surgeons, Baltimore, Maryland.

John W., aged 61, German farmer, had complained of coldness of the feet, cramps in the legs, and a feeling of numbness in both calves for over a year, when, on night of February 25th, 1880, he had an attack of toothache and swelled-face. On the next morning the face trouble had disappeared, but both feet were found to be swollen, cold and blue. These symptoms passed away very soon in the right leg, but increased in intensity in the left, vesications soon making their appearance, and the skin breaking down over front of leg. This continued steadily to increase until the patient was admitted into St. Joseph's Hospital on evening of March 6th, 1880. (The above history was gotten from the family; the only remarkable and striking trait of which family was intense stupidity.)

Condition on admission: A large slough of the integuments, fascia and cellular tissue over the anterior and outer portion of left leg, extending from within two inches of the knee-joint to, and involving dorsum of foot. The muscles lay bare, *in situ*, and of the natural ruddy hue of health. At the upper portion of the grangrenous surface was a bronze black-colored dry patch about three inches in every diameter, and upon dorsum of foot another of nearly the same size. Between these patches the muscles and tendons were as bare as if cleanly dissected. The big toe was in the condition of moist gangrene over upper surface, and the other toes, with the exception of the little toe, were mummified. The foot drooped forward and the tibio-astragaloid articulation was opened. There was a not clearly-defined line of demarcation at the upper extremity of the slough, and the posterior and inner portions of the leg were free from disease. The patient's general condition was good, the only complaint being of pain in the limb, the pulse was ninety, tongue inclined to be dry, and temperature normal. On the next day, March

7th, the ruddy appearance of the muscles was disappearing, and they were becoming of a darker hue, with some swelling and tendency to bag down. At the point where the indistinct line of demarcation had been observed on the day before, a blue-black spot had appeared. The constitutional condition of the patient was about the same as on the preceding day.

March 8th. Tongue getting drier, pulse rising, temperature 101°, skin hot and dry, patient restless and moaning, retention of urine, and muscles in seat of disease pulpified, but there was not very much odor, and no gaseous emphysema. The foot was becoming looser from the tibia, the tarsal and metatarsal bones perfectly cleanly picked, and there was quite a brisk hemorrhage at times, mostly venous A tourniquet was applied loosely over thigh with instructions for it to be tightened if necessary. During the night, the attendant was obliged to do this once; the bleeding being rather profuse, and he thought arterial. A return of the hemorrhage never took place. From this date the patient went steadily on from bad to worse, the typhoidal symptoms increased in severity, sudamina making thin appearance over the belly, a large gangrenous bedsore was developped over the sacrum, the foot dropped off on March 11th, delirium, semi-unconsciousness and complete stupor succeeded each other, the fæces were passed unconsciously, and the poor man died on March 13th, 1880, seven days after admission, and, according to history given above, seventeen days from first appearance of symptoms. During all the time the patient was in the hospital, after the first day, at any rate, the gangrene slowly but steadily spread. The treatment was good food, tonics, opium and the use of the catheter, with, towards the last, stimulants.

The points of interest in this case are: Had the toothache anything, directly or indirectly, to do with the gangrene? Was this due to embolism of the anterior tibial artery, as I thought at first it was, or was it simply senile gangrene attacking parts supplied by that vessel most out of the direct track, as it generally does? (I should mention here that I could get no history of any attack of rheumatism.) A third point I think is the acuteness with which it progressed; presenting in this a striking resemblance to the acute spreading gangrene, but differing from this latter in its seat.

Among the diseases generally met with in practice senile gangrene is rare, and still more rare is that form in which the symptoms run a very rapid course. In looking up the literature of this subject I have been surprised to find so little about it in books. I can find nowhere any account of so acute a case. Liston "Elements of Surgery;" Abernethey, "Lectures on Anatomy, Surgery and Pathology;" Syme, "Principles of Surgery;" Bryant, "Practice of Surgery," say nothing about an acute form—Erichson, Chelius (South's Edition) and Druitt mention an acute form; the second only *obscurely* alluding to it. Neither Bristowe nor Niemeyer allude to any form of senile gangrene.

It may be doubted whether this case can be properly called "senile gangrene" and whether it was not simply an accidental destruction of tissue from thrombus, &c. Given, however, a man over sixty years of age, who has been complaining of coldnes of the feet, a sensation of numbness and tingling in them, and cramps in the calves of the legs for a year, and I think we are pretty safe in making the diagnosis of organic changes in the vessels, and that these changes are, most probably, of a certain kind. Again, the fact that only one certain region was attacked, does not militate at all against the belief that other vessels than the one in the immediate neighborhood of such destruction were also involved. Chronic senile gangrene always remains confined for a long time to one neighborhood, as the big-toe or dorsum of the foot.

At the recent meeting of the American Medical Association, a reception to the Lady Physicians visiting and living in the City, was given by Dr. Mary Putnam-Jacobi, at her residence, Thursday evening June 3rd.

SOCIETY REPORTS.

THIRTY-FIRST ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

HELD IN THE CITY OF NEW YORK, JUNE 1, 2, 3 AND 4, 1880.

This Association met in the hall of the Y. M. C. Association, on Tuesday, June 1st. The meeting was called to order at 11 A. M., by the President Lewis A. Sayre, M. D., of New York.

Prayer was offered by Rev. W. F. Morgan, D. D.

Dr. T. Gaillard Thomas delivered the address of welcome and extended to the Delegates of the Association the cordial hospitality of the city.

Dr. Thomas remarked: "Sixteen years had past since the Association last honored the city with a visit, and for a moment a pause was made to consider what those years had borne upon their wings. The struggle which at that time convulsed our land had given way to peace, and unity and concord had made glad the blessed land which we proudly called our home. Within the sixteen years many changes had taken place in the great metropolis, but none more evident than in that department upon which their affections, their best wishes, and their highest ambition were fixed. It would be the pleasure of the profession to exhibit to them, not the palaces in which New York bankers conducted the finances of the world, nor those in which her merchant princes carried on traffic which knew no limits but those of the earth, but it would be to show how those men housed and clothed the sick and needy, and to lead the fellows until a pleasant fatigue overtook them through miles of well-appointed hospital wards, whose hygienic appointment would put to blush those of the stateliest palaces of European Kings, and convince, by incontestable evidence, how true, how loyal, and how sincere an appreciation of the science and art of medicine the representative city of America had acquired. It should, to day, be known as the "city of noble charities," the home of healthy and vigorous science."

The Secretary, Dr. W. B. Atkinson, of Philadelphia, then read the list of names registered, 372 in number, and on motion by Dr. J. M. Toner, of Washington, they were confirmed.

THE PRESIDENT'S ADDRESS.

THE PRESIDENT then delivered his address, from which we quote the following:

"*Gentlemen of the American Medical Association:*—Before entering upon the duties of this high office to which you have elected me, I wish to return to you my sincere thanks for the distinguished honor thus conferred, and to pledge you that I will endeavor to discharge its duties to the best of my ability.

"No one can feel more keenly than I do my own incapacity properly to fill the distinguished position to which you have elected me, or more sincerely regret that some other member, more competent and more worthy of the honor, had not been elected in my place. But as your too partial friendship has thus elevated me to this position, I must appeal to your generosity to overlook all shortcomings, and shall rely upon your mutual aid to assist me in the discharge of the important duties thus imposed. Who can properly appreciate the immense value which this Association has already been to the medical profession throughout our whole country? Contemplate for a moment the difference in the *morale*, the devotion to scientific investigation, the mutual respect and good feeling between its members at the present time, and its condition when the Association was organized. At that time there were often envyings, jealousies and heart-burnings, fault-finding, and traduction; those who had achieved distinction were frequently slandered and abused by those who had not been so fortunate; the slightest imperfection of a professional brother was magnified into such undue proportions as completely to obscure any really good qualities or attainments which he might possess, and thus the whole profession was injured in the estimation of the public by the rivalries, bickerings, and jealousies that existed among its members. Now, each one seems so engaged in endeavoring to improve himself and elevate his own position in the profession, that he has no time to devote to studying his neighbor's faults, much less to accu-

rately scrutinize and publicly herald his seeming defects. The science of medicine has been so much enlarged in all its different departments by the minute research now demanded, and by the great and rapid progress of many of its specialties, as to require that every moment of a man's time be occupied in the closest study if he would keep himself abreast with the daily improvements in our profession, and he who is thus occupied has no time to study the defects of others. By this constant effort to improve ourselves and advance our science, the tone of the whole profession is elevated, and we already see that medical men are more and more respected by the community at large."

On motion, by Dr. Wm. Brodie, of Michigan, a vote of thanks was tendered to the President for his able address, a copy requested for publication, and the recommendations which it contained were referred to a Committee of five to report upon during the present meeting.

MEMBERS BY INVITATION.

The names of 106 physicians were read and they were made members by invitation.

RESOLUTION OF CONDOLENCE.

Dr. S. D. Gross, of Philadelphia, moved, with appropriate remarks, that the Association tender to their President, and, through him, to the family, their warmest sympathy in their sad bereavement by the death of Dr. Charles H. H. Sayre. The motion was adopted by a rising vote.

REPORT COMMITTEE ON PRIZE ESSAYS.

The Committee on Prize Essays, through its Chairman, Dr. Austin Flint, reported that they did not feel warrented in awarding a prize to the single essay presented. Accepted and adopted.

The reports of other committees were announced, and received the usual reference.

SECTION ON PRACTICE OF MEDICINE.

J. S. Lynch, M. D., Chairman, W. C. Glasgow, M. D., Secretary. The first paper on the Classification of Remedies, was read by Dr. Wm. H Thomson, of New York. Dr. Thomson referred to the many classifications of remedies already in vogue, and the objections which can be found against each.

The classification proposed by Dr. Thomson, is as follows:

ORDER I—DISEASE-MEDICINES.

CLASS I.—Restoratives, which are natural to the system.

CLASS II.—Alteratives, which are unnatural or foreign to the body. These medicines cease to act remedially when they begin to produce symptoms. It is well to give the restoratives with the alteratives, as it will put off or prevent the development of symptoms.

ORDER II.—SYMPTOM-MEDICINES.

CLASS I.—Neurotics, which affect nerve-functions. (A) Those which are both stimulants and sedatives, as opium.

(B) Stimulants, as ammonia.

(C) Sedatives, as aconite.

CLASS II.—Glandular medicines.

CLASS III.—Astringents.

The advantages of this classification are that it helps the student in studying the action of medicines, and the practitioner in administering them intelligently.

The paper of Dr. Thomson being open for discussion.

Dr. Roberts Bartholow spoke of the interest which the paper had been to him. He said, however, that certain fundamental objections occurred to him, as to the classification into disease and symptom-medicines. Opium would be an illustration. Thus, opium, in small doses, had an entirely different effect when given in large doses, and any classification based upon doses could not be established. Again, there were drugs which, though symptom-medicines, did sometimes cure disease; thus, digitalis will cure dilatation of the heart. Again, certain symptom-medicines will produce structural changes; thus, opium, if given continually, will produce anæmia,

Dr. Bartholow was of opinion that no correct classification of remedies could be made at present, as our knowledge is insufficient.

The next paper read before this section was entitled, A Case of Occlusion of One or More of the Cerebral Sinuses, by Dr. W. O'Hara, of Philadelphia.

SECTION ON SURGERY AND ANATOMY.

W. T. Briggs, M. D., Nashville, Tenn., Chairman. C. Powell Adams. M. D., Hastings, Minn., Secretary,

In the absence of the permanent secretary, Dr. Cummings, of Arkansas, was elected temporary secretary. Dr. Adams, however, came later, and took his seat as secretary of the section.

Dr. Benj. Lee, of Philadelphia, read a paper on Spinal Extension, illustrated by numerous diagrams and accompanied by the demonstration of the author's apparatus. "Phimosis as a Cause of Nervous Symptoms with Results of Operations" is the tittle of a paper read by Dr. Beard, of New York. This paper was discussed by Dr. Hart of Plainfield, Dr. Maxwell of Delaware; Dr. Weldon, of Ithaca; Dr. Lee, of Philadelphia; Dr. Herrick, of Cleveland; Dr. Cronin, of Buffalo, and Dr. Hard, of Illinois.

Dr. John T. Hodgen, of St. Louis, read a paper "On Section of the Infra-Orbital and Inferior Dental Nerve, for Neuralgia." He said that by using a hook, or an elevator, after section of the nerve, this might be drawn out of its canal and then nipped off. This was done to preclude the possibility of the re-establishment of union, which would lead to the return of neuralgia.

The details of his methods of operating were then given. The inferior dental nerve was exposed by suitable incisions, and then looped up and cut. He had operated on twelve patients, operating in all twenty-four times. Sometimes, when the infra-orbital had been cut, the neuralgia had attacked the inferior maxillary, and vice versa.

In 4 cases 1 operation had been done.
In 3 cases 2 operations had been done.
In 4 cases 3 operations had been done.
In 9 cases 1 nerve was cut.
In 3 cases both nerves were cut.
In 3 cases the infra-orbital only.
In 6 cases the inferior dental only.

In every instance the pain ceased immediately after operation. But in some it returned after a longer or shorter interval. All patients were immensely benefitted, some were entirely cured. In others final success had not yet occurred.

Dr. Hodgen's paper was discussed by Dr. J. R. Wood, of New York, Dr. Pancoast, Dr. Gross and Dr. Hart, of Philadelphia; and Dr. Campbell, of Georgia.

Dr. Chas. F. Stillman, of Plainfield, N. J., read a paper on Some Newly Devised Orthopedic Appliances, Including the Sector Splint.

He first spoke of some appliances for the more common abnormalities of the foot, and showed a brace, devised by himself, explaining the method and rationale of its application. Weak ankles were next considered, and a brace shown which fulfilled all the therapeutic requirements. The points for which he claimed originality and excellence were: 1, placing the hinge-joint at the back of the heel; 2, making the brace and shoe distinct. Then followed the subject of inverted feet, which in its more advanced stages constituted the various types of talipes varus. Talipes equinus was also discussed, and a bracket, devised by Dr. Stillman, shown. He also spoke of talipes valgus, and showed his brace for this affection.

The sector splint was fully explained, and its various advantages set forth. This part of the paper was, however, not read to the end, owing to the lateness of the hour.

Dr. Pancoast, of Philadelphia, read as the title of his paper, "Certain Methods in Surgery, and Considerations of the Etiology of and Pathology of White Swelling or Synovitis of Joints in Regard to the Practice of Extension in Treatment, and then spoke on various subjects more or less associated there with. He first showed samples of black silk for sutures, which he preferred to the ordinary white silk, because the latter commonly contained impurities from lead salts. He then described his method of operating for varicocele, in which he employed a zinc button, and exerted great force in the tying of the ligatures. Here also he used strong black silk. Forty cases of amputation at the metacarpo-phalangeal articulation were then instanced. In these he had, contrary to the method commonly in vogue, employed a volar flap. The success had invariably proved gratifying.

SECTION ON OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN.

Albert H. Smith, M. D., Philadelphia, Pa., Chairman.

Robert Battey, M. D., Rome, Ga., Secretary.

In the absence of Dr. Smith, in Europe, on account of ill-health, Dr. J. M. B. Maughs, of St Louis, was called to the Chair.

Dr. J. Marion Sims, of New York, read a paper on Battey's Operation in Epileptoid Affections.

Battey's operation, he said, like all innovations had had to fight its way; but he had no doubt, from the favor it had already received, both in this country and in Europe, that the time would soon arrive when it would be recognized as a legitimate operation. He had peformed it eleven times; the first four cases occurring before he adopted the antiseptic method, and the last four operations being performed with full antiseptic precautions. As Listerism had rendered the operation of ovariotomy one of the safest in the whole domain of surgery, he saw no reason why it should not do the same for Battey's operation On this occasion he desired to report the last four cases upon which he had operated. Three of these were cases of epileptoid convulsions associated with the menstrual molimen, and the other was one of hystero-epilepsy of a peculiar and unique character.

Dr. M. A. Pallen, of New York, followed Dr. Sims in a paper entitled, "On the True Import of Oophorectomy, or Spraying for Reflex Disease more Particularly in Epilepsy, Hystero-Epilepsy, or Catalepsy." These two papers were ably discussed by Dr. Robert Battey, of Ga.; Dr. Trenholme, of Montreal; Dr. Marcy, of Mass.; Dr. Findlay, of Pa.; Dr. Parsons, of Detroit and Dr. Thomas, of New York.

SECTION OF OPHTHALMOLOGY, OTOLOGY AND LARYNGOLOGY.

Dr. Laurence Turnbull, of Philadelphia, Chairman.

Dr. Eugene Smith, of Detroit, Secretary.

In the absence of Dr. Bolling A. Pope, of New Orleans, Dr. Lawrence Turnbull, of Philadelphia, was made Temporary Chairman.

The session was called to order by the Chairman, and the first paper of the afternoon was read by Dr. W. H. Daly, of Pittsburg, Pa., on A Case of Syphilitic Stenosis of the Larynx with Fibrous Adhesive bands of the True Vocal Cords; Tracheotomy, Rupture of Bands, and Cure of the Stenosis by General and Local Treatment.

Dr. Carl Seiler, of Philadelphia, read a paper entitled "Remarks on the Lesions of the Larynx in Pulmonary Phthisis."

WEDNESDAY JUNE 2ND. SECOND DAY.

The Association was called to order at 10 A. M. by the President.

On motion the following gentlemen were elected honorary members: Mr. Jonathan Hutchinson, London, England; Drs. Hingston, Osler, David, Howard, and Trenholme, of Montreal; Dr. G. B. Ercolani, Bologna, Italy; Dr. Emile L. De Mola No, Lima, Peru; Dr Dillon, of Dublin; Dr. Rosenbergh, of Hamilton, Canada; and Dr. Clark, of Toronto.

Dr. A. L. Gihon brought up the question of representation from the U. S. Navy, and spoke against the action of the Association at its last session.

Upon motion made by Dr. S. D. Gross, the U. S. Navy was at once admitted to full recognition by the Association.

The Committee on Nominations, consisting of one delegate from each State, was next announced.

A number of gentlemen were elected members by invitation.

The report of the Committee on Ozone was announced by a letter from Dr. N. S. Davis, of Chicago, asking for an appropriation of $200 to be expended for instruments, and on motion this Committee was continued.

Dr. J. S. Lynch, of Baltimore, Chairman of the Section on the Practice of Medicine, then delivered his address, in which he congratulated the profession upon the fact that the general health of the country during the last year had been so exceptionally good, and then turned his attention to the subject of yellow fever. He regarded it as settled that the germs of that disease cannot be destroyed by cold, and reviewed the history of the ship Plymouth as bearing upon that question.

Another peculiarity of the poison was that when first emitted from the subject, it was not in an active or potential condition, but subsequently developed so as to render it capable of imparting the disease; therefore a miasmatic-contagious affection.

A review of several observations was given in substantiation of that doctrine. The doctrine being true, there was an abundance of time to destroy the germs before they could communicate the disease; hence, all danger could be absolutely prevented.

Dr. Lynch then passed to the consideration of the great mortality from consumption, scarlet fever, and diphtheria, and the means to be adopted to reduce such rate. Scarlet fever and diphtheria were preventible diseases, and consumption could be markedly checked in its ravages by means of proper sanitary and hygienic measures.

The next topic was antipyretic treatment, as applied by means of the cinchona alkaloids, salicylic acid, carbolic acid and aconite.

The Chairman then made a brief allusion to what had been accomplished by the aid of the thermometer, the ophthalmoscope, the microscope, and the hypodermic syringe, and closed with an eloquent reference to the present position occupied by the science and art of medicine.

Dr. Wm. T. Briggs, of Nashville, Tenn., then delivered his address as Chairman of the Section on Surgery and Anatomy.

This address was received with marked attention, and upon motion, with Dr. Linch's address, was referred to the Committee on Publication.

Communications were then read and received their proper reference, after which the Association adopted the following amendment relating to prize essays and the committee on prize essays.

a. There shall be four annual prizes of two hundred and fifty dollars each, which shall be awarded at the close of the second year after announcement, as hereinafter explained, for strictly original contributions to medical and surgical progress.

b. It shall be the duty of the Chairman of each of the following four Sections; 1. Practical Medicine, Materia Medica, and Physiology; 2. Obstetrics and Diseases of Women and Children; 3. Surgery and Anatomy; 4. State Medicine and Public Hygiene, to appoint annually, before the adjournment of the meeting of the Association, three members of ability and good judgement who shall constitute a Committee of Section, and who shall, within thirty days thereafter, elect and publicly announce for competitive investigation and report, a subject belonging to one or other of the branches of medicine included in the title of the Section.

c. It shall also be the duty of the Chairman of each of the Sections mentioned to appoint annually a Committee of Award, consisting of three experts, who shall carefully examine the essays offered for competition, and if any one shall be found worthy of the prize as a substantial contribution to medical knowledge, to recommend the same to the Association.

d. All essays placed by their authors for competition shall be in the hands of the Chairman of the respective Committees of Award on or before the first of January preceeding the meeting of the Association at which the reports of the committee are required to be made.

e. All Prize Essays are considered as the property of the Association.

f. The names of the authors of the competing essays shall be kept secret from the committees by such means as the latter may provide.

g. Membership in either of the two committees shall not debar from membership in the other; nor shall membership in the Committee of Selection exclude a member from the privilege of offering a competitive essay.

The Association then adjourned to meet at 10 A. M., Thursday, June 3d, and the Metric System was made one of the orders of the morning session.

SECTION ON THE PRACTICE OF MEDICINE—met at the appointed hour. The first paper read before this Section was On Sphygmograms, with Notes of Autopsies by Dr. H. R. Hopkins, of Buffalo, N. Y. The next paper was by Dr. R. W. Taylor, of New York, "On the Use of Chrysophanic Acid in the Treatment of Skin Diseases."

Dr. J. S. Cohen, of Philadelphia, read a paper by title, for Dr. W. T. Gadbury, Miss., on "Artificial Inflation as a Remedial Agent in Diseases of the Lungs.

Dr. Wm. Pepper, of Philadelphia, next read a paper entitled "Further Contributions to the Local Treatment of Pulmonary Cavities." Dr. Pepper's paper was discussed by Dr. Bennett, of Ohio; Dr. Whitney, of New York; Dr.

Cutter, of Boston; Dr. Russell of Mass., and Dr. Wilson, of Ohio.

A paper on "The Treatment of Scrofulous Diseases of the Skin," was read in abstract by Dr. J. V. Shoemaker, of Philadelphia.

A paper was read by Dr. J. R. Uhler, of Baltimore, On Restorative Remedies.

Dr. Uhler described a very simple method of determining the amount of nitrogen (and urea) in urine. It consists in taking two bottles, one of which just fits into the other. The smaller bottle is attached by a wire to the cork of the larger one. Into the small bottle is placed urine; in the larger a mixture of liquor sodæ chlorinat, and common salt. The two bottles, one within the other, are first carefully weighed; they are then shaken, and their contents mixed together. A decomposition follows, which results in the evolution of nitrogen. This gas is allowed to pass off, and the bottles with their contents are again weighed. The difference between the first weight and the second shows the weight of the nitrogen, from which may be calculated the weight of the urea.

Dr. Uhler then passed to the subject of foods, and referred to the recent experiments of Dr. Roberts on the digestive ferments, in which he had stated that milk and oysters were the only two foods that should not be eaten cooked. The oyster, he said, was a food which digested itself when taken raw.

Dr. Uhler had devised a new process by which he hoped the pepsin could be kept active in powder form. He covered the fresh moist stomach over with gypsum. When this hardened, he pulled it off and ground up the saturated plaster. This he had found was very active, and kept very well.

In conclusion, the uses of iron and digitalis were described. A description of the theory of the action of the heart, and of digitalis upon it was given and illustrated with diagrams.

SECTION ON SURGERY AND ANATOMY, was called to order by the Chairman, Dr. Briggs, of Nashville.

The discussion on Dr. Pancoast's paper, read first day, was continued by Dr. Martin, of Mass., Drs. Smith, and Nancrede, of Philadelphia, Dr. A. C. Post, of New York, Dr. Hinton, of Canada and Dr. Campbell, of Vermont.

Dr. Jas. L Little of New York, read a paper On Compound Complicated Harelip, which was discussed by Drs. Atlee, Post, Vanderveer, Westmoreland, Sayre, McGuire, Hamilton and Goodwillie.

Dr. Jos. C. Hutchinson of Brooklyn, read by title a paper on "A New Ether-Inhaler, and a New Form of Transfusior Apparatus.

A paper on Hip-Joint Disease was read by Dr. Willard of Philadelphia.

Dr, John B. Roberts of Philadelphia, read a paper On Tapping of the Pericardial Sac.

The operation, it was said, was proposed over two hundred years ago. The pathology, symptoms, and treatment now in vogue were alluded to. The fifth intercostal space about 5 cent. to the left of the median line, was considered to be the best place for the procedure of tapping. Large serous effusions gave the most brilliant results. The operation might be repeated if necessary. The canula could be left *in situ*, and the sac washed out with antiseptic solutions. Forty-two cases were mentioned, with fourteen recoveries and twenty-eight deaths.

Paracentesis of the pericardium would in future have to be performed at an early period than heretofore.

Cystotomy for Cystitis in the Male. Dr. Robert F. Weir, of New York, read a paper upon the above subject, which embodied the results of forty-seven cases, in which the operation of cystotomy for cystitis had been resorted to.

Dr. L. Turnbull, of Philadelphia, read a paper On Skin Grafting, with Illustrative Cases. Photographs were also passed around for inspection.

A paper, by Dr. D. M. Barr, of Philadelphia, on A New Inhaler, was read by title only.

Dr. W. A. Byrd, of Quincy, Ill., then read his paper on Laparotomy and Colotomy, with Formation of Artifical Anus for Intestinal Obstruction.

THE SECTION ON OBSTETRICS AND DISEASES OF WOMEN—Met in regular session, Dr. Maughs in the Chair.

The first paper was read by Dr. J. Taber Johnson, of Washington, D. C., on the "Management of the Third Stage of Abortion, Retention of Placenta and Membranes."

This paper elicited an animated dis-

cussion, in which Dr. Sherman, of St. Lawrence; Dr. Christian, of Texas; Dr. Weeks, of Mass.; Dr. Erich and Dr. Morris, of Baltimore; Drs. Hubbard and Hanks, of New York, and Dr. Trenholme, of Montreal, took part.

The next paper was read by Dr. Isaac E. Taylor, of New York, entitled "Gastro-Hysterotomy; Being Remarks on and Exhibition of a Full-Term Uterus, Removed by Laparotomy."

Dr. Marcy, of Mass., exhibited a New Uterine Dilator, which operated by graduated elastic tension, and could also be employed by means of a special attachment for restoring the inverted uterus.

Dr. T. Gaillard Thomas, of New York, then read a paper entitled, "Clinical Contributions to the Subject of Removal of the Uterus, in Whole or in Part, by the Extirpation of Tumors Connected with that Organ."

There were three circumstances, he said, under which complete extirpation of the uterus might now be regarded as a legitimate, and often a very necessary procedure. I. On account of malignant disease. 2. As an addendum to the Cæsarian section, after the method of Porro, and, 3, in order to render practicable the removal of tumors which took their origin in its tissues, or which arose in the ovaries, and whose attachments were too firm to be broken.

It was with the third class of these indications that the present paper was concerned. After quoting the opinions of Barnes, Emmet, and other authorities, who regard such operations as still *sub judice*, he stated that he was to-day giving evidence in favor of a young and feeble cause. An honest conservatism was the bulwark of scientific surgery; but, at the same time, there was no virtue so likely to run to dangerous extremes. In this connection, he alluded to the splendid triumphs of ovariotomy within the last few years, and said that it was with the desire to put upon record further testimony from which might be drawn reliable deductions as to the propriety of removing solid or cystic tumors by laparotomy, when such removal involved the necessity of ablation of the uterus, that this clinical condition was made.

SECTION ON DISEASES OF CHILDREN.—This section was organized by the election of Dr. S. C. Busey, of Washington, as Chairman. This section owned its exitence to the Committee of Arrangements. At this meeting a motion was made to recommend the Association to adopt such an amendment to the constitution as would create a Section on Diseases of Children.

THE SECTION ON MEDICAL JURISPRUDENCE, ETC,—was presided over by Dr. J. F. Hubbard, of Indiana, Chairman.

The first paper before this Section was by Dr. C. R. Drysdale, of London, England on the Death Rate of the Rich and Poor. In the absence of the author this paper was read by the Secretary.

The next paper was by Dr. J. S. Billings on the National Health Board. Dr. E. H. Parker, of Poukeepsie read a paper entitled the Relations of the Medical and Legal Professions to Criminal Abortion.

Unsanitary Engineering and Architecture was the title of a paper read by Dr. A. N. Bell. The second day's session of this Section was well taken up in reading papers, and in debates upon the same. Among the papers offered was one by Dr. A. L. Carroll, of New Brighton, N. Y., on the Personal Factor in the Etiology of Preventible Disease. Dr. Carroll said there were two factors to be considered in all preventible diseases, viz: the exciting causes, or predisposing influences, and the susceptibility of the patient. There was a marked proclivity of some persons to being affected with certain diseases, when others exposed to the contagion would remain free from the malady. Examples of such were given. A third factor often exists, formerly spoken of as the "epidemic constituent of the atmosphere," when there was increased tendency to the reception of contagion. This is seen when persons escape from attacks of disease, at one time, and are attacked at another season, when the system is more susceptible to the effects of the poison.

The following officers were elected for next year:

For President—John T. Hodgen, M. D., of St. Louis, Mo.

For Vice-President—1st, W. H. Anderson, M.D., of Mobile, Ala. 2d, Levi G. Hill, of New Hampshire. 3d, Henry T. Holton, of Vermont. 4th, H. Carpenter, of Oregon.

For Permanent Secretary—W. B. Atkinson, M.D., of Philadelphia, Pa.

For Treasurer—R. Dunglinson, M. D., of Philadelphia, Pa.

For Librarian—William Lee, M. D., Washington, D. C.

For Chairman of the Section on Practice of Medicine, Materia Medica, and Physiology—Dr. Charles Denison, of Colorado.

For Secretary—Dr. T. A. Ashby, of Maryland.

For Chairman of the Section on Surgery and Anatomy—Dr. H. McGuire, of Richmond, Va.

For Secretary—Dr. D. A. Eve, of Tennessee.

For Chairman of the Section on Obstetrics and Diseases of Women—Dr. James R. Chadwick, of Boston, Mass.

For Secretary—Dr. J Taber Johnson, of Washington, D. C.

For Chairman of the Section on Medical Jurisprudence and State Medicine—Dr. J. T. Reeve, of Wisconsin.

For Secretary—Dr. R. G. Young, of Arkansas.

For Chairman of the Section on Ophthalmology, Otology, and Laryngology, Dr. D. S. Reynolds, of Ky.

For Secretary—Dr. S. M. Burnett, of Washington, D. C.

For Members of the Judicial Council, to fill vacancies—Drs. J. K. Bartlett, of Wisconsin; F. Staples, of Minnesota; D. R. Wallace, of Texas; J. S. Billings, of U. S. Army; J. H. Warren of Massachusetts; and A. T. Woodward, of Vermont.

The Committee recommended that the next meeting of the Association be held in the City of Richmond, Va.; on the *first Tuesday* in May, 1881.

As Chairman of the Committee of Arrangements—Dr. F. D. Cunningham. of Richmond, Va.

[Owing to want of space, we are unable to continue the report of the Association in this number.

We beg to acknowledge our indebtedness to the *New York Medical Record* for much of the matter contained in this report.]

TRANSLATIONS.

Mumps-Epidemic—*Luhe, Cbbt., Jan. 17th.*—A cadet, during the Christmas hollidays, came in contact with children affected with mumps. He was taken sick in the latter half of January. From this source up to the beginning of April, 118 of the pupils, together with 2 young officers, the assistant and two children of an official were attacked, all of whom had been in close communication with each other. Not another case occurred among the numerous residents of the institution, and inhabitants of the city, proving the strictly contagious nature of the affection.

The incubation was calculated at from 17 to 22 days.

There was no fever. With 7 exceptions the disease was bilateral.

There were 7 cases of relapse. One case each of angina, orchitis and facial erysipelas was observed.

There was a marked diminution in intensity towards the close of the epidemic.

Removal of Tumors of the Basilar Process Through the Mouth.—*Gussenbauer, Cbbt., January 17th.*—A woman, aged 37, was affected with a naso-pharyngeal polyp, larger than a walnut, growing from the basilar process of the occipital bone. The muco-periosteal covering of the palate was first divided in the median line, and a plate of bone (from the palate bone and palatine process of the maxillary,) removed, measuring nearly two inches long and one inch wide. The tumor was then cut away from the base of the cranium with the scissors, hemorrhage checked by the thermo-cautery, and the muco-periosteal incision united. The wound closed well and there was no fever. G. claims for this method greater accessibility to the seat of the growth and the avoiding of disfigurement inseparable to the operation through the face.

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BALTIMORE, JUNE 15, 1880.

SPECIAL NOTICE.

Subscriptions to this Journal for the year beginning May 1st, 1880, Volumes VII and VIII, are now due and subscribers are requested to remit the amount to this office during next thirty days.

Any subscriber desiring the Journal discontinued is requested to send a notice to that effect by postal card, otherwise the Journal will be mailed to his address for the coming year.

A large number of sample copies of each issue are mailed to different members of the profession. Any physician recieving a sample copy, and is desirous of trying the Journal for three months can have it mailed to his address for that time by remitting fifty cents.

Correspondence from members of the profession invited.

EDITORIAL.

THIRTY-FIRST ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION.—The annual meeting of this Association, which convened in New York City, June 1st and 4th inclusive, will long be remembered by those in attendance as an occasion marked with incidents of a most pleasant and profitable character.

The assembling, for a common purpose, of over 1200 hundred delegates from all sections of this great Country is in itself a striking fact, and may be regarded as a fair estimate of the good feeling and interest in which this National Association is held by the profession in United States.

At no time in the history of this Association has the attendance been so large as at the recent meeting in New York. This may be due, in great measure, to the strong local attraction of the great Metropolis and to the many inducements which were offered to draw a crowd. However much this large attendance of delegates may be attributed to the favorable circumstances attending this place of meeting, it is a noticeable fact that the American Medical Association has yearly grown into professional favor, and that its annual meetings have gradually gained in membership and in value.

The friends of this association may well regard with pride the growing usefulness and importance of these annual reunions. Being a delegated body the Association represents the sentiment and presents the needs of the entire profession. It is not a fixed organization, but a live and growing body controlled and directed by the rank and file of the entire profession. This feature in the Association suggests the future promise, and potency of its influence.

The fact that representative men in the profession from every section of this land meet together annually to consider questions of professional advantage, to discuss measures of reform, or to relate individual experiences in matters purely scientific is in itself worthy of encouragement.

The contact of individual character, the formation of social attachments, the harmonizing influence of the healthy and hearty interchange of thought and ideas are all stimulating and benefiting.

No one will deny that the American Medical Association does not exert a useful and controlling influence over the profession throughout the United States. This is a self-evident proposition. It may, however, be asked in all seriousness whether this controlling and useful influence is exercised to the full measure of its strength To this second proposition a negative answer is proper.

The Association nas yet failed to consider many questions which bear heavily upon members of the profession in various states. We have not had discussed by this body such laws as refer to expert testimony before courts, or the evil influence of legislation in certain states in reference to vivisection and dissections. The subject of National Quarantine which has divided the interest of the profession in several states has not been noticed. No steps have been suggested in reference to the protection of the profession againts suits for malprac-

tice which occur with such frequency and impose such unjust demands.

These questions are eminently worthy of consideration and it is within the power of the Association to suggest measures which will lead to needed corrections.

Apart from the timely and judicious references made by the President, in his address, urging the adoption of the Metric System and publication by the Association of an official journal instead of the heavy volumes of transactions now issued, no questions of general interest were presented or discussed by the Association. The time of the meetings was consumed in reading lengthy papers and in discussing the same. Many of these reports were well worthy of the consideration given them, yet it may be asked whether the highest functions of this Association are best performed by the reading of lengthy reports which for the most part are mere collaborations from books and journals, or by the presentation and discussion of questions of real interest to the profession? In other words is this Association designed to afford men an opportunity to shoot off vociferously the accumulated material garnered during the year from medical literature at the command of all, or is its real function to draw the profession together to consider the business and ethical interests of over 60,000 men scattered over a large territory, engaged in a struggle for a livelihood by the practice of a common calling?

We contend that this latter statement is worthy of as much prominence as the former. In future meetings of the Association we trust these interests will receive fuller consideration.

Before closing this notice, a word may be said in reference to the liberal and hospitable entertainment provided by the profession of New York. Certainly the delegates have none other than grateful thanks for the courteous receptions given them. Everything was dispensed with generosity, and every effort made to render the meeting enjoyable and profitable.

Association of Medical Colleges.—This Association held its annual meeting in New York, May 31st. Resolutions were passed recommending the adoption of three full courses in separate years, as essential to obtaining a medical degree. The "boom" in favor of the three years graded course still continues, and it is probable every respectable medical school in this country will be forced sooner or later to adopt the three years term.

The sentiment expressed at the meeting of the American Medical Association in favor of a higher standard of medical education makes it probable that this needed reform will be forced by weight of professional opinion. The *New York Times* in editorial comment upon the meeting of the Association takes up this subject and criticises in severe terms the defective system of medical instruction.

It might be inferred from the *Times* comments that reform was about to begin at the right end of the line. When the laity begin to discuss this subject, and to suggest the needed elevation it is probable something will be done. The laity and not the profession are in great part responsible for the present defective system. From whence comes the support to quackery and charlatanism, and from whence the suggestions looking to the degradation of medical practice? True science has ever contended for the highest elevation and culture. The demand for cheap medicine, for inferior talent begins with the people. When they are made to feel that personal security only comes from an educated and well prepared class of medical men and will only give encouragement to this class then it is probable that the reform in medical education will be conducted to its highest degree of success.

Lecturer on Insanity.—Dr. Richard Gundry, Superintendent of the Maryland Hospital for the Insane, has recently been appointed Lecturer on Insanity in the College of Physicians and Surgeons of this city.

Dr. Gundry has been engaged in this special branch of study for a number of years and is well prepared to make a course of lectures on Insanity highly instructive.

Private Medical Examinations.—Drs. I. E. Atkinson, T. A. Ashby and Randolph Winslow of this city, have organized a private "Quiz Class" and will conduct private Examinations in the

various branches taught in the University of Maryland during the session of 1880-81.

Dr. Atkinson will examine in Principles and Practice of Medicine, Materia Medica and Therapeutics, and Diseases of Children. Dr. Ashby in Physiology, Gynæcology and Obstetrics, and Dr. Winslow in Anatomy, Surgery and Diseases of the Eye and Ear. A Fee of $35 will be charged for the entire course.

Application may be made to either of the above named Examiners.

REVIEWS & BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

"Report of the Proceedings in the Case of Ruths vs. Reuling, Tried in the Circuit Court of Howard County, Md., March Term, 1880." (Globe Steam Print., Baltimore).

The above is the title of a pamphlet sent to us with the compliments of Dr. Geo. Reuling, of this city. The preface to this pamphlet states that "The following pages contain the substance of a long lawsuit for alleged surgical malpractice, and the object of this publication is, so far as possible, to protect the medical profession from similar attacks in the future."

An examination of this pamphlet will, in our opinion, suggest an entirely different object than the one stated above. Its real animus is suggested by the concluding words of this preface, "A painful feature in this case, was, that testimony was introduced tending to prove a physician was the instigator of the proceedings, and was the chief professional prompter of the plaintiffs in the case, and no attempt was made by the party affected by this proof to meet it by a denial."

The name of this physician is not given but by insinuation it is manifest that the party is none other than a well known Occulist and Aurist of this city, Dr. J. J. Chisolm. In point of fact the attack upon Dr. Chisolm is so obvious that we question whether the publication of this pamphlet has been dictated by any other motive than one of malice, or by a desire to secure a cheap and widespread advertisement in which a professional rival is made to appear under a base and object guise.

This opinion is made more apparent from the fact that Dr. Rueling had previously preferred charges against Dr. Chisolm, and that these charges were under the consideration of the committee of Ethics of the Medical and Chirurgical Faculty of Maryland, of which both of these gentlemen are members. Without waiting for the Report of the this Committee, (which has since pronounced the charges against Dr. Chisolm altogether without foundation.) Dr. Reuling gives to the profession the above pamphlet, and in doing so has been guilty of an act which is unjustifiable and in gross violation of the spirit of Medical Ethics. If Dr. Rueling believed Dr. Chisolm guilty of the charges preferred against him in this pamphlet it was due himself that he should have withheld this attack until after the Committee on Ethics had made its report.

In his apparent haste to injure his professional brother he has overstepped the bounds of propriety and presented himself in a reprehensible light before the profession.

In the suit which was broughtagainst him, Dr. Reuling enjoyed the sympathy of the entire profession of this city. The trial was a contest in which all medical men were interested and its result was anxiously anticipated. When the verdict was rendered in Dr. Reuling's favor it gave intense satisfaction to every friend of medical science, to every lover of justice. It was regarded as a triumph of right over the claims of unjust persecution and ignorance.

After such a triumph the greater is the regret that a groundless accusation should have been made against a

member of the profession, in good standing, as the instigator of the suit, and that, without waiting for the verdict of guilt or innocence to be pronounced against this physician by the Ethical Committee, who had this charge under investigation, the favored party to this suit should come out in open pamphlet and denounce this physician as "the prompter of the plaintiffs in the case."

This pamphlet loses its respectability by its insinuations and degenerates into a personal attack of an unjustifiable character. It is unworthy in purpose, immodest in its assertions and in accordance with the decision of the Ethical Committee of the Medical and Chirurgical Faculty of Maryland is unreliable in its data.

STRANGULATED HERNIA WITH FECAL FISTULA TREATED by a NEW and SIMPLE ENTEROTOME and an ANAPLASTIC OPERATION is the title of a reprint from the *Medical and Surgical Reporter*, sent to us by the author Dr. Wm. A. Byrd, of Quincy, Illinois.

This pamphlet relates the history of an instructive case operated upon by author's method, and followed by a successful result.

THE ABUSES OF MEDICAL CHARITIES, —By M. P. Hatfield, A. M., M. D., and Roswell Park, A. M., M. D., Chicago. Reprint from the *Chicago Medical Gazette*, March 5th, 1880.

This pamphlet was read before the Chicago Medical Society by invitation. It discusses the abuses of medical charities as they exists in Chicago, and calls attention to a condition of affairs which not only exist in that city, but in many of the large cities in the United States.

In connection with this paper by Drs. Hatfield and Park, is published the Report of the Special Committee, appointed by the Chicago Medical Society to report plans and suggestions looking to a correction of the abuses pointed out in this paper.

BOOK NOTICES.

Atlas of Human Anatomy,—Arranged According to Drs. OESTERREICHER AND ERDL From Their Original Designs From Nature, with Full Explanatory Text by J. A. JEANCON. M. D. A. E. Wilde & Co., Publishers, Cincinnati. Rossmaessler & Morf Agents, 38 W. Baltimore St., Baltimore Md.

The first eight parts of this Atlas of Human Anatomy have been received and examined with minute care.

The entire work will be complete in 45 parts containing 180 large plates which have been arranged from original designs from nature and of such great anatomists of modern times as Weiss, Scarpa, Langenbeck Gall, Meckel, Arnold, Soemmerring and others.

This admirable work has been gotten up with great care and large outlay of money upon the part of the publishers. Its design is not to supplant but to suppliment anatomical text books. These plates are so arranged that they may be removed separately from the Atlas as desired for use, and by this handy arrangement are well adapted for the use of lecturers and teachers. To the physician who has not at his command the human skeleton these plates will prove useful for reference. Considerable space will be devoted to the indication of the actions of single and groups of muscles in their individual and collective, mechanical movements of the different parts of the Skeleton.

The artistic work has been performed most creditably, and shows that the publishers have used every effort to make these plates a true and striking copy of nature. The plates are nearly life size and are printed on a heavy tinted paper which develops in noticeable contrast the excellent lines and delicate shading of the cuts.

Considering the very low cost of this Atlas, 75cts. per part, it is a marvel of the publishers' art.

The Management of Children In Sickness and In Health.—By AMIE M. HALE, M. D. Presley Blakiston, Publisher, Philadelphia, 1880.

This little book is designed for mothers, we are informed, but as the majority of our readers are not of that class, this volume may fail to attract the interest it deserves. However, a number of the readers of this notice may be fathers, and from their standpoint have a partial interest in *the management of children.* To such readers we commend this treatise as it really contains some very practical advice in reference to the care of *The Body, Food and Sleep, How Shall Children be Dressed, Exercise, Air and Sunshine, Infant Diet, Indigestion, Aphorisms, Etc.*, presented in chapters arranged under the titles thus given.

The volume nubers 106 pages, and costs fifty cents. Considering the amount of useful suggestions it contains, it is well worth the price.

Healthy Life and Healthy Homes.—A Guide to Domestic Hygiene by GEORGE WILSON, M. A., M. D., Medical Officer of Health for Mid-Worwickshire Sanitary District. With Notes and Additions by J. G. Richardson, M. D., Professor of Hygiene in the University of Pennsylvania. Presley Blakiston, Publisher, Philadelphia, 1880.

This is a very charming book on popular hygiene from the pen of a writer thoroughly skilled in sanitary science, whose contributions to this subject have already been received witn marked consideration. This book has been written in an attractive literary style, and aside from the useful data it contains, its easy fluent language, clear conception of hygienic principles, and wholesome philanthropic suggestions invest it with an interest seldom bestowed upon works of its character.

The volume considers first, the general principles of hygiene and the uses of vital statistics. Next is presented a chapter on *The Human Body, Its Chemical Composition, Food Constituents, The Tissues, Digestion and Nutrition, Composition and Circulation of Blood, Respiration, Oxidation and Excretion.*

The next chapter is devoted to the *Causes of Disease.*

Food and Diet, Cleanliness and Clothing, Exercise, Recreation and Training, The Home and Its Surroundings, Infectious Diseases and Their Prevention, are the titles of the remaining chapters. The volume contains a few foot notes from the American editor respecting matters wherein variations of climate, habits of life, social surroundings, etc., differently condition the hygienic problems presented from the author's standpoint.

A Guide to the Practical Examination of Urine.—By JAMES TYSON, M. D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania, Etc. Third Edition Revised and Corrected, with Illustrations. Lindsay and Blakiston.

The second edition of this book was given to the profession in September, 1878, and it was noticed in this Journal shortly thereafter. The third edition now before us has been very slightly altered. The size of the book remains the same, and with the exception of the correction of some inaccuracies and typographical errors, no improvements have been added.

Former editions of this volume have been favorably received, and number many friends.

MISCELLANY.

SPECIAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

On Saturday May 29, the Medical and Chirurgical Faculty of Maryland, convened an special session to hear the

report of the committee of Ethics in the charges of unprofessional conduct laid by Dr. Geo. Reuling against Dr. J. J. Chisolm at the last annual convention of the Faculty. The committee consisting of Drs. P. C. Williams, H. M. Wilson, J. R. Ward, J. N. Houck and Caleb Winslow, reported through their chairman Dr. Williams in substance as follows: The charges made by Dr Rueling included two points, 1st that Dr. Chisolm had been guilty of improper conduct in encouraging the plaintiffs in the suit of Ruths vs Rueling to sue Dr. Rueling for damages. 2nd. That by testimony contrary to the truth of science and by manner on the witness stand, Dr. Chisolm had sought to prejudice the jury against the defendant.

The committee having carefully examined all the witnesses brought by Dr. Rueling in substantiation of his charges and by Dr. Chisolm in their rebuttal, including the plaintiffs in the afore-mentioned case, several of the counsel of both sides and several members of the profession, find as follows:

First that Dr. Chisolm did not encourage the suit of Ruths vs Rueling.

Second that Dr. Chisolm's testimony in the first trial was proper and unprejudiced.

Third that Dr. Chisolm, instead of encouraging the suit, had done all in his power to prevent it.

The committee said that it would like to close its report at this point, but felt called upon to speak of another point having reference to the matter in hand. Members of the committee had received a report of the second trial which took place in Howard County, which began and ended with assuming as true the very charges which the committee were at that time investigating. This report coming at the time it did, with "compliments of Dr. Geo. Reuling," printed on the back, and which it was credibly informed had received the widest circulation was such a palpable attempt to forestall the finding of the committee in the opinion of the profession and the public that it could not be overlooked, and must be characterized as reprehensible. Upon motion the report was divided at the end of finding third, and all previous to that point unanimously accepted. The remainder was upon constitutional grounds decided as beyond the province of the committee. A motion to publish the part of the report adopted, as a justification of Dr. Chisolm for the injury he must have suffered from Dr. Reuling's publication elicited vigorous discussion but was finally tabled. Dr. Rueling offered his resignation as a member of the Faculty but as it was suggested that a man standing, in the position he then occupied should not be allowed to resign, the resignation was laid on the table.

ENTERTAINMENTS —During the recent meeting of the American Medical Association, in New York City, the delegates of the Association were handsomely entertained as follows:

On Tuesday evening a reception was given at the Academy of Music by the profession of New York City, at which over two thousand persons were present. The banquet was served by Delmonico. On Wednesday evening a complimentary entertainment was given at Booth's Theatre by Messrs. Reed and Carnrick, Scott and Bowne, and the New York Pharmacal Association. Shakespeare's tragedy of Othello was presented, Mr. Edwin Booth acting the part of Iago in his suberb and unequalled manner.

On Thursday evening receptions were held at the houses of Mayor Cooper, August Belmont, and at the Academy of Medicine.

In the latter place the members were entertained by Drs. Fordyce Barker and T. Gaillard Thomas, President and Vice-President of the Academy.

After the adjournment of the Association on Friday an excursion was given by William Wood & Co. on the steamer "Grand Republic." The steamer started from the foot of W. 24th Street at 1.30 P. M. The route was up the Hudson as far as Yonkers, then down the river around the Battery, thence up the East River around Blackwell's Island, and finally down the bay to the ocean and the iron pier at Coney Island. At this point a luncheon was served and the guests afforded an opportunity of spending several hours in sight-seeing. It is estimated that over 3,000 persons participated in this excursion.

In addition to these public entertainments it is proper to refer to the private hospitality of the entire profession of the

city. Open hearts and hands were ever ready to contribute to the enjoyment of visiting friends.

Dr. H. P. C. Wilson, President of the Baltimore Academy of Medicine, will give an entertainment to the members of this body at his country residence, "Idlewild," on the Catonsville Pike, four miles from the city, on Friday, June 25th. The entertainment will begin at 5 P. M., and last until midnight.

Dr. Wilson is so well known for his hospitality, that it is needless to say this occasion will be one of pleasurable enjoyment.

During the meeting of the American Medical Association, Messrs. Parke, Davis & Co., Manufacturing Chemists, Detroit, Michigan, entertained privately members of the profession at Parlor No. 43, Fifth Avenue Hotel.

Messrs. W. R. Warner & Co., W. H. Schieffelin & Co., McKesson & Robbins, New York Pharmacal Association, Reed & Carnrick, Scott & Browne, J. and W. Horlick & Co , Henry C. Lea's Son & Co., D. G. Brinton, Wm. Wood & Co., Pond's Sphygmograph Company, Albert Kidder & Co., Wyeth & Bro., and a number of other firms had on exhibition samples of their special manufacture, which were given liberally to the profession, many of whom returned home provided with drugs and pamphlets sufficient to run them until the next meeting of the Association.

The *British Medical Journal* is the exclusive property of the British Medical Association, and is the official organ of this body. Dr. Sayre, in his address before the American Medical Association, pointed out the fact that "the extraordinary growth of this Association in power, wealth, influence in the profession, and influence in the State, has been coincident with the development of a weekly organ of communication between the members, the property of the Association, the journal of the Association, and edited by a member of the profession, appointed for the purpose by the council of the Association." Dr. Sayre suggested that the Association should consider the propriety of establishing a publication similar to the British Medical Association.

A Feat in Medical Journalism.—The *New York Medical Record*, with characteristic enterprise issued a daily edition containing a full report of the sessions of the American Medical Association, during its recent convention. The *Record* is a live and independent journal, and stands at the very head of weekly medical publications in this country. Under the able editorial management of Dr. George F. Shrady, and the business enterprise of Wm. Wood & Co., publishers, its future is one of assured success and progress.

Dr. Samuel Choppin, one of the best known physicians in the South, died on the 2nd of May after a brief illness.

Dr. Choppin was born in Louisiana in 1828, and graduated in medicine in 1850. He held the chair of surgery in the New Orleans School of Medicine.

During the late war he was promoted to the position of Medical Inspector General of the Confederate Army. During the yellow fever epidemic of 1878 and 1879, Dr. Choppin rendered faithful service and earned the gratitude of the people of his state.

His death is lamented by a wide circle of friends.

Dr. W. H. Keener, a well known physician of this city, died very suddenly at his residence on May 21st, at the age of 59 years. Dr. Keener was not engaged in active practice for some years past.

Dr. G. A. Foote, of Warrenton, N. C., in a private letter states that he has recently delivered a woman of a stone, *without mechanical assistance*, weighing three drachms and measuring one and one-quarter inches in diameter. This case shows the capacity for dilatation of the female urethra and the importance of not operating too soon. Dr. Foote gave diuretics and a good hypodermic of morphia and atropia. The stone passed without a drop of blood, and no subsequent unpleasant symptoms were observed.

Princess Pauline, of Wurtemburg, has been recently married to Dr. Willim, of Breslau.

Dr. W. C. Brooks, Associate Professor of Biology in the Johns Hopkins University, has located the Chesapeake Zoölogical Laboratory. for the session extending from April 22 to September 1, near the town of Beaufort, North Carolina, just opposite to, and only two miles distant from the straits which connect Pimlico Sound with the open ocean.

A house has been rented suitable for quarters. The laboratory has been equipped with boats, nets, dredges, aquaria, books, microscopes and all the necessary appliances for collecting and studying marine animals and plants. A steam launch has been furnished by the University suitable for dredging and surface collection.

The work thus far accomplished by Dr. Brooks, during previous sessions, has been of a most useful character. The accumulated material has been published from year to year, and attests the rare value of these observations.

Death from Bromide of Ethyl.—Dr R. J. Levis, of Philadelphia, the distinguished advocate of Bromide of Ethyl, recently lost a patient under this anæsthetic at the Jefferson Medical College Hospital, Philadelphia. The patient was about to be operated upon for stone in the bladder, but died as the first incision was being made. Dr. Levis was present during the administration of the anæsthetic, and no doubt exercised every known precaution. This case speaks a painful warning, and sounds the death knell to this over praised agent.

Perfect security against death from anæsthesia is not possible. We believe when prejudice has ceased and calm, judicial testimony is offered that chloroform will yet regain professional confidence, and receive recognition as the most reliable and satisfactory of all anæsthetics up to this time employed.

The Annual Report of the Health Department of Baltimore for 1879, shows a record of 7,618 deaths, 2,066 of which were infants under one year old; under five, 3,385. The chief causes ware: Consumpiion, 1,162; pneumonia, 509; cholera infantum, 475; scarlet fever, 367; diphtheria, 298; heart diseases, 252; typhoid fever, 166; whooping cough, 80; measles, 43. Estimating the population at 393,796—19.30 per 1,000—being a little less than 1 per 1,000 over last year (18.44 per 1,000).

The *British Medical Journrl* states that upwards of four hundred of the inhabitants of Perth have been suffering from attacks of low fever and diarrhœa, manifestly arising from the pollution of the water supply. It appears that while the water-pipes were under repair a plug came out, and for a short time the water of the river Tay contaminated with sewerage and other city refuse was allowed to flow into the town pipes.

The *Medical Record* says an institution has been started in Springfield, Mass., for the cure of diseases by the prayers of faith, the laying on of hands and some annointing of oil. All persons afflicted in body or mind, who believe that they can receive physical or spiritual help are welcome.

The *Canada Lancet* says several excellent openings for medical men in different parts of the Dominion may be heard of by communication with its office.

The total income of the British Medical Association is about seventy thousand dollars, of which twenty-five thousand are from advertisements in the paper, and the balance from subscriptions of members and sales of the *Journal*. Out of this income are defrayed the salary of the secretary,—not a medical man but a business man—who acts as business manager of the *Journal* and general business secretary of the association, at a salary of twenty-five hundred dollars a year, giving his whole time to the work; also the rent of a building, centrally situated, which serves as the printing and publishing office for the *Journal*, and also a gathering place for the committees of the association throughout the year.—*Dr. Sayre's Address.*

Progress.—Sir William Gull, it is said began his medical life as a bottle-washer in the drug-room of Guy's Hospital. His father was a laborer, and tilled a small plot of ground adjoining the hospital.

THE ADMINISTRATION OF ERGOT IN LABOUR.—Dr. Glynn Whittle (*Dublin Journ. of Med. Sci.*, February 1880) thinks that there is no doubt that ergot judiciously administered will often save a lying-in woman from the necessity of a forceps delivery. If there is reason to fear post-partum hemorrhage, ergot should always be given before the child is born. The fifteen to thirty-minim range of the Pharmacopœial liquid extract is practically useless, but there is a limit to the dose which it is desirable to give. Two fluid-drachms may be mentioned as a maximum, but occasionally it is justifiable to repeat this quanity. Dr. Whittle also lays down the following rule in regard to the administration of ergot until the labour is so far advanced that it could, if necessary, be easily finished with the forceps. In cases where tonic uterine contraction follows, threatening the life of the child, but not terminating the labour, recourse may then be had to the forceps. If the placenta happens to be morbidly adherent, the danger of the complication may be greatly augmented by post-partum increased uterine contraction, due to the influence of ergot, and of such a case Dr. Whittle quotes an instance which occurred in his own practice —*Practitioner*, May, 1880. *Monthly Abstract.*

THE BRITISH MEDICAL ASSOCIATION.—The 48th annual meeting of the British Medical Association will be held at Cambridge, commencing August 10th, under the presidency of Dr. G. M. Humphrey. The address on medicine will be delivered by Dr. J. B. Bradbury, Physician to Addenbrooke's Hospital; and in surgery by Timothy Holmes, of St. George's Hospital. An address on Physiology will be delivered by Dr. Michael Foster, Trinity College, Cambridge. The business of the Association will be transacted in eight sections.

CAUTION IN REGARD TO CHRYSOPHANIC ACID.—Physicians prescribing chrysophanic acid—which is now coming so largely into use in the treatment of skin diseases, especially ringworm—should warn their patients against the accident of introducing it into their eyes, through rubbing their eyes with their fingers, etc. Dilatation of the pupil ensues, accompanied with intense inflammatory itching and burning, causing much pain for the few days it lasts, though the inflammation soon subsides. —*Canada Lancet.*

CASTRATION IN WOMEN.—*Cbbt., Jan. 24th.*—Hegar repots 42 cases operated on for small tumors, fibromata, oophoritis chronica, and chronic affections of the uterus and annexes. The mortality amounted to 16.6 per cent. Only in one case a typical menstruation remained. Functional disturbances do not justify the operation. There must be anatomo-pathological changes in the sexual organs, and all other therapeutical means must first be exhausted. The abdominal incision is smaller than in the extirpation of larger tumors. H. considers the proper treatment of the pedicle a matter still unsettled. He lays special weight upon attention to the closure of the incision, and favors the use of small drainage tubes. He follows the antiseptic method closely, except in regard to the spray, which he regards as hurtful.

REMARKABLE TOLERATION OF OPIUM IN AN INFANT.—Dr. J. Mackenzie Booth, of Aberdeen, reports, in the *British Medical Journal*, the case of an infant, four months old, whose mother gave it from six to eight drachms of laudanum, in teaspoonful doses, during the twenty-four hours. The child was much emaciated. The doctor has succeeded in diminishing the quantity given to four drachms daily, without causing any suffering to the child from the withdrawal of the opiate.—*Med. and Surg. Reporter.*

THE English sparrow was introduced into American cities to destroy the worms on the trees. The little bird is so pugnacious in its nature as to have caused the disappearance of native birds in places where it has been introduced. This fact prompted a sentimental Miss to inquire of a metropolitan exquisite which he would rather have, sparrows or worms? "Really," replied the young man, "I —I don't know, I never had—sparrows." —*Lancet and Clinic.*

MARYLAND MEDICAL JOURNAL,

PUBLISHED ON 1st AND 15th OF EACH MONTH.

THOMAS A. ASHBY, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

ORIGINAL PAPERS.

SOME REMARKS ON DIABETES MELLITUS.

BY RICHARD MCSHERRY, M. D.

Professor of Principles and Practice of Medicine, University of Maryland.

(*Read before Baltimore Academy of Medicine, Baltimore, May* 4, 1880.)

It has been my fortune to have cases of this remarkable disease under treatment more or less continuously for several years, and I beg leave to make some remarks upon the subject this evening, before the Academy. *Diabetes Mellitus* is characterized in brief terms by excessive thirst, excessive micturition with high gravity of the urine, owing principally to the large quantity of sugar it contains, and general emaciation, with many secondary or coincident disorders, which attend until the patient, according to the usual result, succumbs exhausted. This is pretty near the classic definition and is somewhat better than one I find in a French *Dictionnaire de Medecine* of the last century. The learned author makes two kinds of Diabetes, the true and the false, the true being that which is now known as *Diabetes insipidus*, the false is that in which the patient passes more urine than the drink taken in and the serosity of the blood can supply. He says in this case there is a colliquative flow of fat and flesh from the patient, but he says nothing of sugar

This oversight is remarkable by the way, for the English physicians of the same period recognize the mellitus or sweet form, and undertake to explain its nature, in which indeed they are not very successful, and to give rules for its treatment, which also are not very satisfactory. Dr. Mead, a venerable authority, of a century and half before our time, shrewdly suspects that the disease is not one of the kidneys, but of the liver; and he explains how more fluid may be passed than is taken in, ostensibly, by reminding the reader that a pound of salt of tartar, perfectly calcined, will when exposed to the open air for a time weigh ten pounds, by imbibition.

As to the colliquative flux of fat, however, there is a remarkable confirmation of such result occasionally, though not by the urinary passages, furnished by Bouchardat, a high authority upon the subject of diabetes. This pathologist treats of a fatty diarrhœa, or *pimelorrhœa*, as he calls it, attending the disease. He has seen this fatty diarrhœa in diabetics—who had ceased to pass sugar, when all fat was excluded from the food. He believes that this form of diarrhœa attending diabetes results from the exaggerated transformation of the starchy materials into fat; and that it is only a transformation of

diabetes or glycosuria. In diabetes the sugar is carried off in the urine; in pimelorrhœa, the fat is removed by the intestines. The symptoms in both forms of the disease are the same, only they are more violent in pimelorrhœa than in diabetes.

In diabetes it is the rule for the patient to melt away as it were, fat and muscle disappearing, until he becomes remarkably emaciated. There may be fatty degeneration going on at the same time. Indeed Dr Mead was not wholly trusting to conjecture when he spoke of the liver as the primary seat of the disease, for he says he had seen portions of it transformed into fat. I have now a patient sufficiently emaciated who has a fatty cornea, circulus senilis, well marked in both eyes. He suffers with amblyopia of recent origin, but not with cataract.

Touching this case I may say that the patient is about 73 years of age, and that he has been diabetic under my observation for nearly three years. He has all the ordinary evidences of the disease, much thirst, a dry mouth, accelerated pulse, poor appetite (at this stage) chews tobacco with a relish, but relishes nothing else. Pulse ranges from 90 to 120, temperature not comparatively increased. The bowels are irregular, torpid or very loose. Micturition excessive—about six quarts per diem—sp. gr. high, urine saccharine to all tests—but this condition is intermittent. The urine is sometimes scalding; and there was for a time an ulcer on the lower part of the prepuce which is now healed. It may be remembered by the way that the fungi and spores which develop in saccharine urine, often may be found in these ulcers by microscopic examination.

Diabetes is frequently revealed, or at least attention is first directed to it by boils, or carbuncles, or other painful affections of the cutaneous investment. In this case, the first manifestation of broken health was in an attack of *herpes zoster*, or shingles, over false ribs of left side. I did not see the patient during this attack, but afterwards. From that time to this—some three years—he has suffered severe neuralgic pains in same region, spinal pains and excruciating visceral pains, not aggravated by pressure, which require the free and constant use of anodynes.

There is something significant in this association of the herpetic eruption and the diabetes. From the continuous pain, or pleurodynia, which has never been quite relieved, as well as from the deeper pains, we feel assured of serious nerve lesion in the parts themselves or in centres of sensation and distribution. Bärensprung and other pathologists have found changes in the nerves going to the part affected.

In Orth's *Pathological Anatomy* among nervous lesions noticed in some diabetics, we find atrophy of the cœliac or semilunar ganglion. Now when we remember that from this ganglion proceed radiating and inosculating branches which accompanying the aorta and its branches, are distributed to the stomach, bowels, spleen, liver, pancreas and other viscera, we are enabled to form a plausible idea of the morbid concatenation involved in the case in question.

The herpes zoster, the protracted pleurodynia, the spinal pains, the visceral pains, and the diabetes are not separate entities, but a morbid group, bound up together, probably proceeding from a common cause in which blood and nerves are implicated, though we may be at a loss to indicate the exact *fons et origo*.

There is some intermittency in the saccharine discharges in this case, and the old gentleman has continued to give some attention to business though progressive emaciation and debility are now threatening total incapacity. I have had several cases of persons living on in this way for years in advanced life, sometimes better and sometimes worse, but gradually and surely failing, to die at length it may be of pure exhaustion or some such supervening disease as phthisis pulmonalis.

The prognosis is more favorable with old than with young subjects, or rather I should say, the old wear away much more slowly than the young.

The medical treatment in this case is almost entirely directed to the relief of pain. Alteratives and tonics have been used freely enough, without any marked influence.

I have said that boils and carbuncles often appear to introduce diabetes, and indeed, are sometimes spoken of as causative. I doubt if they can stand in that relation. A recent French writer says

they have been known to precede by years the appearance of the diabetes, and he goes on to remark that the urine of persons affected with them should always be examined with this reference, (*Dictionnaire 1868.*) No doubt he is right in this suggestion, but I am disposed to believe that when the association is found, the diabetes is commonly the prior malady.

I was called a few weeks ago to attend an elderly gentleman (æt 63) of this city, with a huge carbuncle over the spine of the left scapula, on the 8th day of its existence. There was a boggy feeling in the centre, and with a hope of taking off some of the distressing tension, I made a free incision therein which was followed by a tolerably free discharge of blood and pus. The incisions, I regretted to observe, gave no pain, and I may add gave no appreciable relief. The orifice gradually enlarged, and I supposed it would aid in the sloughing process, and thereby tend to promote recovery. The result was *nil.* I regret now not examining the pus for sugar, which is sometimes found therein; and indeed it is said that patients have sometimes been cured by this outlet for that product.

The propriety of opening carbuncles is a matter of discussion; the advantages are by no means certain, but I have seen cases where very considerable relief followed, even if the cure was not more readily effected.

In this instance the patient suffered more from constrained position than from the carbuncle itself; being obliged to lie almost entirely on one side, there was general soreness of the wearied and worn muscular system. For the relief of this, I gave *inter-alia* salicylate of soda, with some apparent trivial advantage, but it soon became so repugnant to the patient that he would not take it after the second or third day.

In looking subsequently over authorities I found a German physician, Dr. Schætzke, highly recommending salicylic acid as a curative agent in diabetes, and he found as I did, great intolerance of the drug on the part of the patients, (*Med. News, Feb. 80*) Among other remedies used were opium in various forms, chloral, and quinine and iron. Milk was the principal food. There was little modification effected by any remedies, but the anodyne produced sleep with temporary relief. Withal there was great irritability of temper, progressive debility, emaciation, excessive thirst and micturition, loss of appetite, somnolency sometimes alternated with transient delirium, and death in the third week from the first appearance of the carbuncle.

The urine was early examined. First specimen gave, sp. gr. 1033. Moore's test, which I always try first as most convenient though by no means reliable except in a negative way, gave the characteristic color due to melassic acid. Trommer's and Fehling's tests confirmed Moore's. The sugar was present in quantities, and in time spontaneous fermentation occurred. Under the microscope the various specimens gave characteristic saccharomyces in abundance.

I had then under treatment a case of carbuncle and diabetes mellitus; the question was as to cause and effect. Getting the history of the case, there could be no doubt that the diabetes had been present and progressive for a time, perhaps for years. The patient had once lost power temporarily in the left hand, which was regained without treatment. There was loss of power (paresis) in legs, *lumbar pains*, difficulty in walking, especially up hill, or stairs. Tendon reflex to my examination was scarcely appreciable.

The patient was a man of large frame, and when in health, of great muscular power. He had had very strong sexual passions, but for some years had been incapable of connexion or erection, though he still had real or imaginary desires, with occasional seminal emissions.

Feebleness in legs and loss of virility kept apparent relations with each other. There was during his last illness no great increase of pulse or temperature; the heart's action was somewhat excited, but there was no appreciable organic disease. I learned upon inquiry that the patient had always been a free liver, enjoyed table, as all sensual indulgences, drank spirits freely, but not to intoxication. He had frequently had furuncles at various times. For the past year, excessive thirst and diuresis, with morbid appetite, and fondness for sweets, as preserves and cakes. His urine had been observed to leave something sticky or

syrupy on his linen, or other clothes.

About the time, almost the day of this gentleman's death, I observed in the daily papers the death of a Bishop (Pellicier) æt. 56, of San Antonio, Texas, of the same complication to wit: Diabetes mellitus and carbuncle.

This particular complication is sufficiently frequent to attract the attention of all observers. Dr. Prout went so far as to say that sugar is always present in the urine of patients suffering from boils; but this is not sustained by other investigators. Sugar may occasionally be found in the urine of perfectly healthy subjects, and it is sometimes induced by transient perturbations, though it does seem to have particular relations with boils and carbuncles. It has appeared and disappeared coincidently with them. Phillipeaux and Vulpian relate an example of anthrax in a hemiplegic patient who was not previously diabetic. During the suppuration of the anthrax, the urine became strongly saccharine, but ceased to be so when the anthrax cicatrized. Now let me present a passage from the recent work of Hoffman and Ultzmann:

"A temporary glycosuria occurs after many lesions of the brain, and also a small amount in acute febrile processes, after severe burns, pneumonia, typhus, rheumatism, and acute encephalitis; in affections of the nervous system, especially of the spinal column, in cachexies and similar processes, also after the introduction of turpentine, nitrobenzole, nitrate of amyl, &c."

If severe burns then, *e. g.* may induce temporary glycosuria, we may readily suppose carbuncles to be equally competent to do so, if they be not to cause permanent disease. When this is encountered, I think we may consider them as boils, rather developments, or effects, than causes.

In the case introduced by herpes zoster it may be an open question what were the primitive relations between the two maladies; and instead of supposing that either one was directly causative of the other, we may believe in a deep neurosis underlying and causing the one and the other.

It may be of some interest to mention that the brother of this gentleman was reported to have had diabetes, and that he died suddenly, of disease of the heart it was supposed after the healing of an obstinate ulcer on the foot. And furthermore, it may be mentioned, that nearly all the children of this brother died of phthisis pulmonalis just about the time of developing into womanhood, having previously had the appearance of fine health.

CAUSES.

The alleged causes of diabetes are equally vague and various. Intemperance, exposure, excessive venery, and many other causes are assigned, but none show conclusively cause and effect. We know that the disease, or at least the glycosuria, may be artificially produced by irritating portions of the nervous sytem and notably the floor of the fourth ventricle, as first shown by M. Bernard. Accidents affecting the head and producing cerebral commotion have sometimes caused glycosuria. M. Robin reports a case of a young man who was thrown from a carriage, being placed under his care, who had ecchymoses of the head and was unconscious for hours. As there was retention of the urine Robin drew it off with the catheter and found a notable quantity of sugar in the specimen drawn. A short time afterwards a second specimen gave no traces of sugar. Mental distress appears to be causative sometimes; but grief, care and anxiety, like other alleged causes, underlie or produce so large a proportion of human maladies that we only speak of them as among probable, or possible causes. It may be said that definite causes are as yet unknown.

PATHOLOGY.

Morbid anatomy shows so many lesions as to leave us in doubt as to what may be traces of the disease proper or of its complications. Various lesions have been found in the brain, in the cerebro-spinal and in the organic system of nerves, but they are not uniform. Hiller, says Frerich's, saw the liver and kidneys increased to three times their normal size, and the spleen double its ordinary size in diabetes.

Orth found general hypertrophy of liver, with interstitial formation of fat, or fatty infiltration of the pancreas with diabetes—but these also are not uniform.

Diabetes mellitus often terminates in disease of the lungs; and is often complicated with chronic nephritis or Brights' Disease; it is often associated with the strumous habit. None of those changes elucidate its essential pathology.

The modern pathologist, like Dr. Mead, still suspects the liver. As the secretion of glycogen is one of the functions of the liver, and as this substance is capable of transformation under certain conditions into diabetic sugar, and seeing that a certain diet will almost surely prevent the morbid excretion, Dr. Donkin, a careful investigator, attributes diabetes to morbid nutrition and secretion in that organ. In this condition he believes the cells secrete no longer glycogen, but sugar. No matter what the food may be, the sugar is always of that particular kind. The morbid matter being easily soluble does not remain, and form a disease growth, but is taken into the blood-vessels by osmotic action, and expelled through the kidneys.

Hunger and thirst are increased by the action of the liver transforming saccharine and starchy food into diabetic sugar or glucose. As these substances are diverted from such uses as supplying animal heat and the nutrition of muscles and other organs, the patient wastes away and loses strength. He calls for larger supplies of food to make up for the loss. As the blood becomes loaded with sugar it draws by endosmosis the water from all the various tissues, and thence excessive thirst. As the flux is directed to the kidneys for excretion, dry skin and constipation result almost of necessity.

In point of fact, however, we are rather following the phenomena of diabetes than discovering its essential pathology.

We must await further physiological discoveries before we can get beyond a good clinical acquaintance with the nature of the disease.

TREATMENT.

When we find a great number of remedies reported capable of curing a very intractable disease, we may reasonably infer that making due allowance for deceptions and misconceptions, the *post hoc* has been too often mistaken for the *propter hoc*. Glycosuria is often transient in its nature and evidently due to some passing perturbation upon the relief of which the glycosuria disappears This is a different matter from true diabetes mellitus, which in point of fact is very intractable to medicine. We may indeed relieve some or many of the complications attendant thereon by medicine, but not thereby will we cure the disease.

Shall we then trust the cure to nature, or rather, let the patient go hopelessly down without an effort to save him? By no means. We have resources which may palliate, or may even save. We can help the digestive organs, we may relieve constipation, we may ease pain, or produce sleep by well directed medical treatment proper. But I believe medicines are almost only useful for secondary purposes; they will not alone cure the diabetes, though they may aid in the patient's recovery. Our principal resources are hygienical; we must feed and clothe the patient properly, we must direct his baths, as well as his food; we must direct his exercise. If anything is clear, it is that food has a very primary influence in the successful management of the case. We must interdict starch and sugar. In the early stages the patient will pretty uniformly improve on a regimen from which these are excluded. There is one single article of food that has effected cures, at least temporary cures, when given alone, as exclusive diet, and that is, skimmed milk. It has failed too, and so signally, that some therapeutists object to its use as absolutely injurious. Bouchardat is one of these. He objects positively to milk because, as he says, he has established that fifty grammes of lactein in a litre of milk will give fifty grammes of glucose in the urine of the diabetic patient. Therefore he refuses to allow its use. Nevertheless he says some patients, strange to say, do well on it, and of course, they may use it.—(*Annuaire de Therapeutique.*)

Dr. Donkin, on the contrary, shows that patients generally improve on skim-milk diet. He gave his patients at first from four to six pints of skimmed milk a day, with a gradual increase to even double that quantity. In the course of one week, there is obvious improvement, or if not, the treatment may be discontinued. The casein of the milk he says, is little liable to conversion into diabetic sugar, and the lactose, he adds, is not at

all subject to such perversion. If it be a form of sugar, it is, he urges, widely different from diabetic sugar, and other forms of glucose.

When the patient has ceased to pass sugar for some weeks, a cautious change may be made towards a mixed diet.

I have considerable confidence in the milk cure, though it was not a cure with my last patient; nor could a cure be expected when the whole vital force was completely exhausted when the patient first came under treatment.

The hygienic management most approved in regard to food, is the withholding of starch and sugar in all forms, so that the patient has not even his daily bread, except a particular kind of bread, made of gluten and bran.

I have ordered this regimen in some cases with good effect, but in the course of time it usually requires to be changed. I have sometimes found that the glycosuria was disappearing under this course, but that nevertheless the patient was still failing rapidly. In such instances I have found the general condition to improve, with a restoration of ordinary mixed food.

Dr. Harley makes some judicious remarks upon this matter worthy of attention. He says there are two kinds of diabetes mellitus, one from excessive formation of sugar, with which there may be no great diuresis, nor thirst, nor emaciation. In such cases, the patients are manifestly benefitted by restriction to animal food—without starch or sugar.

In the other kind, the diabetes results from diminished assimilation, in which there is progressive emaciation, temperature rather below than above normal standard, with dry and harsh skin. In such cases the patient's general health improves upon a mixed diet of animal and vegetable food, with such medicines as phosphoric acid, strychnine, tincture of cannabis indica, &c.

As a matter of fact the practitioner often finds that he will have to change his dietetic course for the wellbeing of his patient. He should make or instruct the patient to make daily examination of his urine, and allow or withhold starchy food according to its obvious influence; when duly assimilated it does not increase the sugar in the urine, when it is not assimilated, it does increase it, and herein we find the guide for the use or disuse of starchy food.

Bouchardat has great confidence in vigorous physical exertion in this malady. The patient takes to it very reluctantly, but finding its good influence, he learns to exert himself willingly in the gymnasium, or in some kind of daily work.

Under the influence of rapid movements, a greater mass of air is introduced into the lungs. A greater quantity of oxygen is employed, a greater quantity of heat and of force is produced; this heat and force require a greater consumption of aliments; the glucose itself is consumed in supplying the tissues, insead of passing off in the urine.

He claims extremely good results from forced exercises.

I will call attention to a point not made by this pathologist which may, nevertheless, have a bearing upon advantages to be derived from active exertion. It has been shown by investigation, (Mr Shaw, Bernard, Dr. Frederick Taylor), that in the relations between the hepatic and the cardaic circulations, the *vis-a-tergo* is not adequate to take the portal blood through the liver to the heart, and that auxiliary suction force is required. This auxiliary force appears to be found in the function of respiration. When drawing a deep breath, the area of the space in which the heart is situated is enlarged. The pericardium is attached in such a manner above to the vessels at the base of the heart, and below to the convex surface of the diaphragm, that its parieties are stretched and held apart by each descent of that great muscle of inspiration. As a consequence of this increase of size in the cavity of the pericardium, there is a tendency for a vacuum to form in it; hence the blood accumulated in the venous trunks close to the heart, rushes to the right auricle with accelerated force. On the other hand, as soon as expiration follows, the blood in these venous trunks is either simply retarded or regurgitates according to the force of the expiration.

Diabetic patients are, for the most part, persons of inactive life. Torpor of the liver is in such cases, rather the rule than the exception. The passage above presented shows how vigorous exercise may promote functional activity in that

important organ. It necessitates deep inspirations; these give to the right auricle increased suction power, which draws upon the venous trunks connected with the liver, promotes portal circulation, and necessarily at the same time, the physiological functional activity of that organ.

It may be urged that such functional activity also increases the amount of glycogen, or glucose, which may be so for a time, but with the improved functions of the liver in all respects, there is also increased consumption of the glucose, and a larger proportion of the residue may be converted by the lung tissues, now acting with quadrupled energy, into carbonic acid and water, and thrown off by the attendant increased exhalation.

Hot water and hot air baths, Turkish baths, and frictions, or shampooning are important agents in the treatment. Woollen clothes should be worn at all seasons.

I will not draw upon the patience of the Academy by speaking of the various medicines vaunted in the cure of diabetes, for I believe none of them capable of effecting cures. Nevertheless we may and we must use medicines, acids, or alkalies or alkaline waters, mercurials, iron and quinine, arsenic, turpentine, cod liver oil; opium, chloral and others, according to rational indications for the relief of attendant troubles which aggravate the principal disease, and interfere with the possible chance of recovery.

Summarily then, in the treatment, we diet our patient according to rules which may be considered to be pretty well established; we enjoin upon him an active life up to his capabilities; we act upon the surface by baths, frictions, exercise and warm clothing; we warn him against all perturbations and irregularities of life, against excesses at table, abuse of liquors, and of sexual indulgence; and then we give just such medicines as may be demanded by the numerous and varied complications attendant upon this disease in its usually fluctuating and protracted course.

I have seen advantage derived from the use of blisters, setons, or issues to the nape of the neck, an old practice that should not pass into entire disuse. If carbuncles in the same region have sometimes seemed to cure the disease, these agents must be entitled to a place among other remedies.

If we may take such experiments as M. Laffont's as conclusive, and accept the first dorsal roots as containing the vaso-dilator fibres of the liver, we may suppose that an impression can be made upon them by epispastics or similar agents somewhat approaching the section of them. According to this experimenter, section of the first and second dorsal roots prevents both the prodution of diabetes by puncturing the medulla or irritating the vagus (depressor) and the reflex sinking of blood pressure caused by the latter procedure.

As a matter of fact, blisters, setons or issues to the nape do often prove beneficial.

While it must be admitted finally that the number of permanent cures is very small when the disease is well established, still as improvement is common and cures occasional, we may and ought to encourage the patient with hope, that best of tonics and most exhilerating of elixirs. Hope is in itself a great remedy which we bring to bear with others, and with them, we may have the pleasure, now and then of congratulating a patient upon a happy, though exceptional, recovery.

REPORT OF A FATAL CASE OF A FOREIGN BODY IN THE INTESTINE.

BY R. B. MORISON, M. D., BALTIMORE, MD.

Some time in April. 1879, a delicately built young man 30 years old. five feet ten inches in height, and weighing about one hundred and thirty-five pounds, consulted me for dyspepsia, asking me to give him something to relieve a feeling of fullness after eating, and pain coming on within two hours after a meal. I found upon inquiry he usually went without anything to eat from 8.30 A. M., till 5 P. M., often later—when he would eat very largely to satisfy an inordinate hunger. Attributing his dyspepsia to his mode of life, I advised him accordingly, besides giving him a simple powder of bismuth, soda and capsicum.

I heard nothing more of the trouble,

excepting that he was better, till July, when he went by the advice of another to Bedford, to get rid of some trouble of the liver as well as obstinate constipation. This was about the 12th July, 1879. The waters at Bedford had a most undesirable effect, increasing the constipation and loss of appetite.

The patient returned on the 22nd of July, much thinner, and compelled to put himself on a course of blue pill and congress water.

At this time he was under no one's care.

He recovered somewhat in the country near Baltimore, and then went to Narragansette on the 2nd of August, 1879, where the sea air revived him wonderfully. He suffered no pain after eating, grew stouter and stronger, enjoying his meals as he had not done for months past.

He returned from Narragansette, August 11th, much improved in general health. This was on a Monday

On the following Saturday, 16 of August, after a long drive over the stones of the city and in the park, he had a most violent attack of pain in the abdomen, which kept him awake nearly all night. He said nothing of this at the time.

The next day, Sunday, some time after dinner he sent for me as he was in another agony of pain.

Upon examining the abdomen, I felt a lump on the right side near the border of the rectus abdominalis muscle, and on a level with the right anterior superior process of the ileum, about the size of a pullet's egg. It was hard, with one edge sharply outlined, and immovable.

Upon questioning I found the patient had swallowed a peach-stone on his return from Bedford either the 23rd or 24th July, and that he had never mentioned the fact to any one for fear of worrying his family.

This was on the 17th of August, nearly four weeks after the accident. He was quite sure he had swallowed it, but had never noticed whether he had passed it per rectum or not.

In fact after consulting a negro man in a down town apothecary, who told him it was of no importance it did not occur to him to do so. He had suffered no more after swallowing the stone than before, indeed he had gone to Narragansette, and gained health and strength after swallowing it. His regular physician being from town, Dr. Christopher Johnston was sent for, who after treating the patient for two weeks came to the conclusion that the lump—which under poultices and rest had diminished in size, was not the peach stone (and that it, the stone, had nothing to do with the patient's condition) He advised him strongly to go away, to lead a more regular life and to do nothing, but try to recover. Dr. Johnston considered the patient, as he told me, in a very bad way and his prognosis (judging from his appearance and previous ill health), was unfavorable.

After this time he went to the country near Baltimore, where he drove about a little, walked a little and eat sparingly of everything. He had no appetite, fearing also intense pain if he did eat.

It was some time in the early part of September, that Dr. Acland, of Oxford, England, who happened to be in Baltimore, and had known the patient in the past, drove out to the country, to make a friendly call. Finding the young man so badly off he examined him carefully. After hearing the history of the case he concluded the peach-stone was probably not the cause of the trouble; but there certainly was room to doubt, whether it was not still there. However, it appeared to him more like messenteric trouble and he advised a sea-trip, change of air and life. His prognosis was very bad, the young man was so cachectic.

All this time since his return from Narragansette on 11th of August, the patient had suffered, with a few short remissions, continual pain in the abdomen, but the bowels had become quite regular, and he had no more constipation. Large, regular, well formed stools were passed every day.

His temperature had never been higher than 101 F., or his pulse much over 100.

September 26th, Drs. Riggin Buckler and Palmer, the latter gentleman from Washington, an Ex-Surgeon General of the United States Navy, saw him. We then upon the recommendation of Dr. Palmer injected over three pints warm water into the ascending colon through a very long and flexible rubber rectal bougie. This operation brought away

about twenty hard fæcal scyballæ, the size of a peach-stone, and gave the patient much relief for a short time.

This operation of washing out the colon was repeated twice within the next two weeks, the last time in the presence of Drs. Riggin and Tom Buckler (the patient having now returned to town). There were no more scyballæ brought away. Two of the above named gentlemen, Drs. Palmer and Tom Buckler did not believe in the presence of a peach-stone, while Dr. Riggin Buckler and myself were still unshaken in our opinion that it was there. The patient had made up his mind it was not in the bowel.

After this for a few weeks—it was in October—he was up and dressed every day, and drove in fine weather to the park. Driving did not hurt him, as the cobble stones were avoided by keeping to the car tracks. He enjoyed the drives above everything. As the weather grew cooler he could not get out, and gradually from getting up for a few hours lessened the time, and at last stayed in bed altogether. The lump did not change much in character, but grew larger and moved nearer the crest of the ileum. There was a large area of dullness and some pain on pressure round it. Poultices were applied unremittingly and pus sought for every day. About this time Dr. Gittings, of Baltimore County, visited the patient, and gave an undecided opinion as to the nature of the lump, but he did not think the stone was still there. In this he agreed with Drs. Palmer and Tom Buckler. The diagnosis lay between scrofula, tuberculosis, cancer and the peach-stone. On 27th of November, Dr. Gross—the elder, of Philadelphia, saw the patient. After a careful examination of the history and physical appearances of the case he gave it as his opinion that it was a stercoraceous abscess, brought about by the presence of the peach-stone. The patient had lost about 25 or 30 pounds in two months and looked so thin and bloodless, Dr. Gross' prognosis was very bad. He did not think he would recover The time, he said, for an operation had not arrived—we must wait for evidence of pus, but before that he feared the patient would succumb.

On the 13th, of January, after consultation with Surgeon General Palmer, Dr. Buckler—the patient being under chloroform—pushed into and through the middle of the lump an aspirator needle.

A quantity of dirty looking blood and pus with a very disagreeable odor was brought out—f℥ ij perhaps in all—and then it was decided to incise freely. A probe pointed bistoury was thrust in as far as the handle and an incision made about three inches deep and one in length. There was quite a profuse bleeding with no more pus.

Fearing cancer the fluid was referred to Dr. Keirle for microscopical examination. He found no cancer cells but "blood-corpuscle—holding" cells which resembled cancer cells somewhat. On the 15th of August, two days after the last operation the bistoury was again used and the incision enlarged, but with no different results. A probe five inches long was introduced as far as it would reach and moved freely round but without touching anything hard. It was this examination which made Dr. R. Buckler and myself doubt the peach-stone theory.

We seemed to have to do with some constitutional trouble. To confirm this we felt other lumps beginning to make their appearance in the abdominal wall, noticeably one just below the umbilicus.

The opening made was kept open and washed out daily with carbolized water. The patient was now suffering from perfectly well marked chronic pyæmia or septicæmia. He was hot and chilly in turn, his temperature running up sometimes to 103 or 104, his pulse to 150 per minute. He had several well marked chills and in one occurring in the middle of the night on January 29th, he nearly died in collapse. He went on gradually getting thinner and weaker and suffering horribly with abdominal pains and distention, except when under morphia, until February 2d when in the middle of the night he felt something "give way," and a lot of gas and fæcal matter passed through the incision. From this time he emaciated very fast. There was œdema of both legs, especially the right one, of the right side and scrotum with vomiting at times and a great diminution in strength. The distention which had been a great source of trouble through the whole course of the disease became more painful and the morphia had to be

doubled and given every few hours. Saturday February 14th, he began to fail rapidly and Sunday he was not expected to live an hour, but he lingered on in a semi-conscious state till Thursday, when he died without a struggle.

The autopsy was made and reported, as follows: by N. G. Keirle, M. D., Saturday, Februarv 21, 1880, 10 A. M.

Autopsy of the body of the late Mr. ——. Aetatis 30 yrs. and 7 mos. Height 5 ft., 10 in. Weight during life and health 135 lbs. Weight of cadaver not taken. Atmospheric tem. Fahr. 68°. Rigor mortis passed off. Number of hours after death 53.

Investigation limited to the abdomen. Inspection and palpation; [external.] Integument over abdomen green, emaciated and so retracted that the crests of the ilia, the iliac fossæ, the pubis are prominently defined.

About the middle of a line drawn from the umbilicus to the right anterior superior spinous process of the ilium, palpation detects a lump, about the size and shape of a peach-stone though not so hard, fixedly adherent to the internal surface of the abdominal coverings which it [the lump] slightly projects externally; the centre of this cutaneous projection is perforated and slightly stained by blood transudation; another, rather larger similar lump, somewhat movable, can be felt inside the abdominal cavity at the lower border of the navel.

The cavity of the abdomen was laid open by a curvilinear incision beginning over the ensiform cartilage and following the costal borders to the outer margin of the lumbar regions, and along these margins to the anterior, superior spinous processes of the ilia; thence, along the upper border of the groins for two [2] inches, the resulting flap being turned over [inside out], and downwards. While making the right lumbar incision there flowed out about ℥ i of "pea soup" [ochre]-colored fluid, of offensive fæcal odor, not altogether unlike the dejecta of typhoid fever: upon completion of the removal of the abdominal wall, the depot of this matter (in all ℥ iv to ℥ vi) was observed to be in the areolar tissue connecting the ascending colon with the quadratus lumborum muscle-sheath [lumbar fascia.]

The convex surface of the right lobe of the liver was closely applied, without interval, to the diaphragm and to it firmly adherent not by bands, but by a uniform, evenly distributed plastic layer [new formation?] without permeable interstices; there are no shreds no granulations, no tubercles: neither this product nor the process is per se abnormal, but is a conservative tissue—instinct, a precautionary protection of a vital organ the liver, an occlusion of an important cavity the peritoneal, against invasion and formation of an abscess par congestion from the increasing accumulation of matter in the loin. Though so near the peritoneum this membrane presents no evidence of inflammation, no adhesions, no fluid, no flakes, no dimness of lustre, no sign of peritonitis; strong proof that this cavity had not been penetrated by the irritant fluid of the abscess.

The ascending colon was 3½ inches in diameter and notably dislocated, it occupied the right laternal half of the umbilical region joining the cæcum whose position was normal, by a somewhat sigmoid curve, upon the anterior aspect of the ascending colon in this situation [the abnormal sigmoid curvature] and beneath its peritoneal coat there is an enlarged lymph gland of the size and shape of a peach-stone, of yellow color and adherent to the parietal peritoneum thus attaching the gut to the anterior abdominal wall, this is the projection seen and felt in the mid-point between the navel and right anterior superior spinous process of the ilium, and supposed to have been punctured operatively; bisected, its consents are found to be caseous; no peritoneal inflammation marked the site of puncture: the other lump felt just below the navel is a similar gland seated in the mesentery near its union with the peritoneum of the ascending colon; it, this gland, is nowhere abnormally adherent.

The posterior external surface of the cæcum and ascending colon covering a space 3 in. × 3 in. is firmly bound in the iliac fossa and loin by thick adhesions. Exteriorly, the vermiform appendix and the ileum at their cæcal junction and elsewhere throughout their course seem normal. Aware of the liability to rupture care was taken in detaching the bowel from its adhesions, but its coats gave way and the fingers slipping into its

interior came at once upon a hard foreign body which lay free in the colon just above the entrance of the ileum, this body is a medium sized, blackened peach-stone.

The ileum was tied about six inches from the cæcum and the ascending colon also, at about the same distance, they were then excised at these places and the intervening intestine removed, placed without any presevative in a jar and examined at 4 P. M , same day.

The ascending colon and cæcum were cut open upon the left lateral aspect along the reflection of the mesentery, following which the ileum was also opened to within two inches of its cæcal junction and then inverted into the cæcal cavity, into which the vermiform appendix was also turned inside out, and its interior found to be entirely normal. There was vascular injection, congestion of the ileum but without exudation, otherwise it is healthy; its valve, the ileo-cæcal was perfectly normal in every respect: just above this valve, on the posterior internal face of the colon, (where a dried and inflated anotomical preparation of this part exhibits three sacculi, [pouches], there is an ulcer 3 in. + 3 in., oblique in situation to the longitudinal axis of the intestine, of irregular outline, with thick raised borders, and its area filled with pultaceous, dirty looking fungosities; there is a marked absence of active vascular congestion, the color of this entire part, ascending colon and cæcum, being somewhat slaty; mutatis mutandis this ulcer (bed of the peach-stone) is not unlike a chronic indolent ulcer elsewhere. There is no actual obstruction of intestinal caliber anywhere.

A CASE OF POISONING BY WORM SEED OIL.

BY A. C. POLE, M. D., BALTIMORE.

On the night of the twelfth of March, I was called to see a little girl, about two years of age, who was reported by her father to be suffering from an attack of croup. On my way from my office to the house the father stated that his little girl had been troubled for some time with a very bad cough, and that he also thought she had worms; acting upon that belief he attempted to "doctor" her himself. He also stated that his sister-in-law had been very successful in expelling a number from her child by means of some homœopathic medicine, which he was advised to try and which he told me he had had put up. With such a history I arrived at the house and found the little patient lying upon the lounge in a deep sleep and with a cold clammy perspiration on her brow, but having no symptoms of croup. In attempting to listen to her breathing I discovered in her breath the unmistakable odor of worm seed oil, and remarked that that did not smell much like homœopathic medicine. I asked to see the medicine which they had administered and found the bottle labeled "Vermifuge. Teaspoonful at a dose." Of this they had given one teaspoonful in the afternoon. I enquired if she had taken anything beside. I was then told that they had administered a teaspoonful of the pure worm seed oil about two o'clock. It seems the homœopathic medicine which the sister-in-law told them to get was worm seed oil—she meaning vermifuge. After having taken the drug she vomited.

Never having seen any mention of an antidote for the oil and in consequence of so little written upon its deleterious property, I was somewhat at a lost to know what to do. I saw no other indication than to treat the symptoms as they should arise.

The child seeming prostrated, I administered some brandy in milk, which reduced the pulse from 120 to 80 beats per minute. In the course of an hour or so she became very restless, and would occasionally scream out. I then gave bromide potash in small doses, which had a very soothing effect. I then returned to my office, and called again at eleven o'clock. The child was sleeping and breathing regularly. Physiognomy and skin natural. Saw her again at 9 A. M., Saturday; found her very irritable and cross. Would not allow any one but the mother to touch her. She could neither walk nor stand alone—but when supported would stagger along.

The mother stated that the child had rested quietly during the night—occasionally waking and calling for water.

The irritability and restlessness increasing, I was called again in the afternoon. She seemed to be suffering from pains in the abdomen. I ordered an injection which caused a free evacuation of the bowels. She had vomited several times during the day, the egesta each time smelling strongly of the oil.

Occasionally she would put her hand to the head and complain of pain. I ordered bromide and iodide of potash to be given at regular intervals. Sunday morning I found her playing about the room, apparently well. The mother called my attention to an impairment of hearing which she had detected. I continued the medicine, and called again on Tuesday, and found her quite restless and wanting to lie down all the time.

Deafness not now perceptible. Continued medicine.

Wednesday morning she was as well as ever, except the cold which she had been complaining of previously.

SOCIETY REPORTS.

BALTIMORE ACADEMY OF MEDICINE.

MEETING HELD APRIL 6, 1880.

H. P. C. WILSON, M. D., President, in the Chair.

E. F. CORDELL, M. D., Reporting Secretary.

INTRA-CRANIAL TUMOR.—*Dr. Miles* exhibited a calvarium (sent to him by a medical friend in the country), growing from the inner surface of which, above the left orbit, was seen a large osteo-sarcoma (less large, however, than when the specimen was received, owing to shrinkage.) Spiculæ of bone were found in this growth, which pressed upon the corresponding portion of the brain perforating the dura mater. The letter, which accompanied the specimen, stated that it came from a woman, aged 71, who died in hospital, her previous history being unknown; that she had had no paralysis, and that her faculties were as good as could be expected from a person of her age and condition; finally that her brain (which was not sent) appeared healthy. On the exterior of the skull, corresponding with the internal growth, was a much smaller bony growth which she attributed to a blow received at that point six or seven years previously.

Dr. Miles observed that it was remarkable that so large a growth as this should implicate the brain to such an extent without producing symptoms. It was to be regretted that the brain itself had not been preserved. The part of the brain here involved, the frontal lobe, is non-motor; this is no new idea, but the present case confirms those previously observed, of abscesses, clots, injuries, &c., of this part. However, he did not remember to have met with any growth of this part as large as this.

In this connection Dr. Miles quoted the opinion of Nothnagle who insists that we have very few reliable observations relating to the localization of lesions of the brain; notwithstanding the great number published, few are perfectly reliable. Nothnagle has pointed out fatal defects in many such reports. As far as we are informed, motion, sensation and intelligence, were all unaffected in the case under consideration. The patient seems to have died of marasmus. Dr. Miles has made the observation that in certain cases of pressure upon the brain, the patient dies of marasmus; this constantly occurs in hydrocephalus internus, where owing to the consolidation of the sutures, there is no yielding of the cranial walls receiving the increased pressure exerted on the brain substance.

MASKED PNEUMONIA IN CHILD.—*Dr. McKew* reported the case of a boy, æt. 13, who had previously suffered from very obstinate and severe headaches, who was seized during the night with pain in the left hypochondrium, which yielded to sedative frictions. Two Co. Cath. pills, given him

in the morning, on account of constipation, were followed by two stools. The boy now seemed somewhat better. During the following night he was seized with bilious vomiting with apparent want of control of his actions, allowing his vomit to run over his person and the bed clothes, with very great helplessness and some stupor. The vomiting continued, without signs of nausea, during the night. When called to him in the morning, he was found lying on his back, with eyes closed, pupils contracted, and brow wrinkled; there was slight suffusion of countenance, dull intellect, slowness in answering questions; his pulse was 120, temperature in axilla 1034-5°, respirations 44; the finger drawn across the forehead and abdomen left a very vivid red line; his tongue was covered with a thick green fur; and he was perfectly helpless. One-sixth gr. of calomel was ordered every 4 hours. In the evening he had had 3 or 4 violent convulsions; the vomiting had ceased; he was still in a state of stupor; pulse and temperature were the same as in the morning; a mercurial purgative was ordered. On the following morning the pulse was 112, temp., 102 3-5°, his mind was brighter, and condition more favorable. There was slight comparative dullness over a small space over the spine of left scofula with rude breathing. On the iourth or fifth day, the crepitant rale appeared, and the case thenceforward pursued the ordinary course of pneumonia. There was no expectoration at any time. The ratio of pulse to respiration and the shallow character of the latter, were of great value in the early diagnosis of the disease. The total absence of expectoration in a boy of 13 was also unusual.

Sudden Death After Miscarriage.—*Dr. Morris* reported the case of a lady, suffering from chronic malarial poisoning, who aborted when 7 or 8 weeks advanced in pregnancy; there was very little hemorrhage. Sixteen hours after the abortion she was suddenly attacked with violent pains in the region of the pulmonary artery, followed by cold sweat, and other symptoms of collapse, and died in an hour and a-half. No autopsy was made, but the symptons pointed to embolism. It was the first case seen by him.

Dr. McSherry said it is remarkable how malaria interblends with and modifies all other diseases. Disturbance of the liver (with probable cholaemia) was shown in Dr. McKew's case, by the bilious vomiting; it exhibited one of the forms of malarial pneumonia. Its connection with puerperal diseases, upon which Fordyce Barker lays stress, is not new to us here. A lady had been spending sometime on the Hudson, where she took malaria; she had also womb disease, which resulted in a severe attack, after a premature confinement, of pelvic cellulitis. There was, in this case, a daily exacerbation of fever, the themometer rising at midday to about 107°, being in the evening 103° and in the morning 102°. Quinine abated the fever. We may account in this way for the febrifuge powers of quinine; in ordinary cases other agents are preferable, but where there is any blending of malaria, quinine is the best antipyretic. The patient referred to is now convalescent.

Dr. McKew said he did not regard bilious vomiting as evidence of cholaemia. Peccant matter in the blood is very often a cause of pneumonia, but there was no jaundice here, no staining of the urine, nor any evidence of cholaemia, nor any periodicity indicating malarial poison. In the case of Dr. McSherry, the periodical exacerbations may have been due to suppuration and we know that they are even in that case somewhat under the control of quinine. The beneficial effect of quinine is, taken alone, not a sufficient proof of the presence of malarial element.

Dr. McSherry replied that one could rarely be absolutely certain

about anything. In the case of the lady just mentioned, however, other members of her family, who had been similarly exposed, had unquestionable malarial diseases. In Dr. McKew's case, happening in a malarial region, the bilious vomiting and headaches indicated disorder of the liver. For this, Dr. McKew had properly given calomel, which he (Dr. McSherry regarded as a cholagogue, whatever certain authors may say to the contrary. Any agents, circulating in the blood to its detriment, and capable of perverting the nutrition of the cerebral centres, are competent to cause, secondarily, pulmonary congestions, pneumonia, hemorrhages, or phthisis pulmonalis. He did not assert, as a matter of fact, but only as a probability, that Dr. McKew's case was one of malarial pneumonia with attendant cholaemia.

Dr. Morris said that in chronic malarial affections, we do not find the evidences of cholæmia (in the urine, &c.,) that we would expect from the known diseased condition of the liver. In his case, the malarial complication was indicated by pains in the back, head and limbs, and by enlargement of the spleen.

Removal of Fibroid Tumor From Fundus Uteri.—*Dr. H. P. C. Wilson* reported a case in which he had removed a sessile fibroid tumor from the fundus uteri. The patient had been subject to hemorrhages for years. An erosion of the posterior lip of the uterus was found, which was supposed to be epithelioma, and had been subjected to varied but unsuccessful treatment by the several physicians under whose care she had been. The patient had been sent to Dr. Wilson, to remove the supposed malignant growth with the thermo-cautery. Not satisfied that so much hemorrhage could come from this source, Dr. Wilson forced his finger into the uterine cavity, and was thus enabled by the aid of a probe to detect the sessile tumor. Removal of this was effected under chloroform; the canal being dilated by Nott's dilator, he passed his hand into the vagina and finger into the uterus; then passing a pair of bulldog forceps in along the finger already introduced, he succeeded in drawing the tumor down to the internal os, when by means of Thomas' scoop he effected its separation. The uterine cavity was then washed out with a solution of carbolic acid. He then examined further and found also a submucous fibroid, which, however, he judged it best not to attempt to remove as the lady was 55 and has ceased menstruating. The patient was married; she had previously had a small polypus removed from the cervix. Her family history showed a strong tendency to uterine hemorrhages, her mother and grandmother having both died from that cause. The result of the operation in this case has been very satisfactory.

In this connection, he desired especially to call attention to Thomas' scoop; previous to its introduction by its talented inventor, he had tried in vain to remove such growths; with it, they become perfectly removable; all that is necessary is to hold the tumor steadily and saw through its base.

Hydrobromic Ether.—*Dr. Wilson* reported the result of the use of this anæsthetic in an operation for the removal of a cervix, in a case of procidentia uteri. The patient came readily under its influence, but the effects were very transient, so that constant watching was necessary to avoid the sudden return to consciousness during the operation. It is not exempt either from nausea, although this is not present in the same degree as in chloroform anæsthesia. A second use of it gave the same results. His experience was not calculated to make him extol it. It is not suited for lengthy operations.

Dr. Chisolm had tried the same agent and found it a failure in surgical operations of more than one or two minutes duration. In the first case, in which he used it,—one of cataract

operation, one ounce was given, and the patient was gotten well under the influence of it; notwithstanding, she became conscious before the operation was completed. She vomited for six hours incessantly. Twenty-four hours after, the odor of the ethyl was perceptible in the room and forty-eight hours after in her breath. In the second case, a child required a small operation occupying a couple of minutes, yet even here consciousness came back before it could be completed. In the third case, a man inhaled one ounce, without thorough anæsthesia, and resort had to be made to chloroform, to obtain the quiet necessary for a successful eye-operation. In his experience it produces as much nausea as chloroform. The only case, in which it had given satisfaction, was one in which it was necessary to remove the tough and firmly adherent deposit of aspergillus filling the ear of a lady, who was too nervous to undergo the pain involved in its extraction. The operation was here almost momentary in duration.

Dr. C Johnston, had had a limited experience in its use. The first case (reported at a previous meeting of the Academy) was exceedingly satisfactory. The second case was that of a boy suffering with acute synovitis of the elbow joint, with great swelling and pain. ℥ivss were given of the agent: he slept after inhaling ℥i; when he had inhaled two, he was nearly insensible; ℥iij were required to produce anaesthesia. The examination of the joint was then made. The patient recovered consciousness very promptly and there was no vomiting; he then sat up and appeared to have entirely recovered, but in a few moments began to vomit, which continued for several minutes. He then left the hospital and was not again seen. Dr. Johnston learned subsequently, that, after returning to his home, the boy suffered with nausea and vomiting, which continued for three days with diminishing intensity. Dr. Johnston had not used bromide of ethyl, being somewhat deterred by the experience of Dr. Chisolm as well as the indifferent success of his second use.

Dr. McSherry had used it in two cases, in which operations were performed by his son upon the throats of children; it is inapplicable in such cases, for the patients became conscious as soon as the towel was removed from the mouth in order to operate. Vomiting rapidly ensued, and one of the children remained sick for 24 hours. No odor was observed in the room; it is said the best sort is without odor.

Dr. Chisolm said that he had tried Powers and Weightman's and Rosengarten & Sons' preparations; also Wyeth's, and had found no difference in them as to the very evanescent character of the anaesthesia and the nauseating property of the drug, when more than a very small quantity had to be used.

Thrombus of Femoral Vein.—*Dr. J. Carey Thomas* reported the case of a gentleman, 60 years old, who was suddenly seized with a pain extending from Poupart's Ligament down the front of the thigh, heaviness in the limb and inability to walk, followed after some days œdematous swelling of the entire extremity. The symptoms point to the formation of a blood clot in the vein of the leg. There is no apparent heart trouble.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD MAY 10, 1880.

Dr. J. F. Monmonier, President, in the Chair.

Dr. Eugene F. Cordell, Reporting Secretary.

The Association was called to order at 8.45 P. M. After the transaction of routine business, *Dr. John Morris*

read a paper on Pediculophobia, or the fear of lice or vermin. This disease, though met occasionally in practice, has not been described in medical works. It is a form of insanity, characterized by a single delusion. It affects both men and women, the body in men and the head in women being the seat of the supposed disease. There is, however, at present, an interesting case of this character, in a woman at Sping Grove, under the care of Doctor Gundry. This woman, though modest in other respects, is constantly lifting up her clothes to search for the disturbers of her peace. Doctor Hammond has recently described a disease somewhat similar under the name of mysophobia, or the fear of pollution. In this disease, patients are constantly washing themselves to get rid of supposed defilement. The late Doctor Fonerden believed that persons afflicted in this way were victims of masturbation. The prognosis in Pediculophobia is not encouraging. The patients go from one physician to another until they exhaust both themselves and the doctors. The best plan is to pretend to treat the matter seriously and humor the patient by prescribing detergent washes, and examining with a lens to seek out the offending cause. Any efforts made to convince the patient of the non existence of the pediculi will prove entirely fruitless.

Treatment of Diseases of the Throat and Air Passages by Atomised Liquids.—*Dr. John Neff* read a paper upon this subject, and reported several cases of membranous croup, in which recovery from an apparently hopeless condition was attributed to the frequent use of the spray from the following solution:

℞. Acid Carbolic, gr.x.
Acid Lactic, ℥j.
Aq. Destillat, ℥j.

He had treated diphtheritic laryngitis in the same manner, with equally good results. Nasal catarrh is most successfully treated by this method. Pharyngitis, laryngitis and tonsillitis, whether acute or chronic are promptly relieved by it. In the phagedænic ulceration attending some forms of scarlatina, the most beneficial results may be expected from the spray of a solution of permanganate potass, gr.x to ℥j. In elongated uvula or relaxed condition of the fauces, the spray of liquor ferri persulph. is almost a specific. Pulmonary hæmorrhage is readily controlled by the spray of the same agent or of tannic acid, The steam apparatus is preferable an account of the continuousness of its action, but the hand-ball instrument is best adapted to children and resisting subjects.

Dr. Smith said that it was exceedingly difficult to use the atomiser in children under three years, and hence an obstacle in the way of successful treatment of laryngeal troubles occurring at this period.

Dr. Sellman thought it desirable to have an instrument by which the force of the spray could be increased. He prefers the steam atomizer, its effect is really wonderful in catarrh and ozæna. He employs a formula containing carbolic acid, iodine and glycerine.

Dr. Ashby described a new atomizer, recently introdoced to professional notice.

Dr. Uhler said atomization was first employed in producing local anæsthesia. Various other applications of it have since been made, to the eye, ear, to the air passages, in Listerism, &c. In the last named, the object professed is the destruction of disease germs or bacteria. If this theory were correct, he thought it as desirable to have living as dead organisms, because the former live among the tissues and may be supposed to remove hurtful matters particularly if undergoing decomposition. Another important point is, that, if the strength of the agent employed be too great, it may destroy healthy tissues.

Fineness of nebulization is a subject

deserving attention, as also coagulation, which occurs from most antiseptics.

Dr. Cordell spoke of the good effects obtained by the use of the spray of Jordon Alum Water in diseases of the respiratory passages, as ozæna, naso-pharyngeal catarrh, chronic pharyngitis, chronic bronchitis, &c. He was particularly struck with rapid arrest by this means of a profuse hæmoptysis, which had not yielded to styptics given internally. In these cases, the hand-ball atomizer was employed, and the water from the strongest of the springs, containing 80 grs. of alum to the gallon, besides large amounts of copper, persulphate iron, and sulphuric acid. This was the strongest alum water and the most powerful natural astringent known to the speaker.

Umbilical Tumor in New Born Child.—*Dr. Reynolds* reported the case of a female infant, born five days ago at the Bay View Hospital, which presents a large tumor at the side of the attachment of the umbilical cord. It surrounds the cord, lying upon the abdomen, is almost the size of the fœtal head, and presents the shape of a hemisphere; at birth its circumference at the base measured 12 inches,—it is now only 10 inches. Its contents seem partly fluid, partly solid. It is transparent in place; at the right and upper side can be seen a solid body resembling in color the liver; at the left and upper side, another resembling the spleen; whilst at the lower part there appear to be portions of the intestines. The cord emerges from the centre of the mass. At first sight, it presented the appearance of an umbilical hernia and he confidently expected to be able to reduce it, but on attempting this he failed, although using as much force as he thought safe. The child is perfectly healthy otherwise, and all its functions are normally performed. The nature of the growth was obscure. It is evidently undergoing shrinkage.

Note.—*Dr. Morris* visited this child a few days after the meeting of the society, and found the tumor shrunken and of a dark, almost black color. It would have weighed about three or four pounds. He regarded the condition as similar to that which we find in spina bifida, and the sac, no doubt contained the liver, intestines, etc. The child died about four weeks after birth, and at the post mortem, made by *Dr. Reynolds*, the tumor was found to contain a sac, in which there were some fluid, the right lobe of the liver, the entire colon—ascending, transverse and descending, and a part of the vermiform appendix. The liver was adherent to the wall of the sac, and death was apparently due to blood-poisoning.

The *New York Herald* in editoral comments upon the meeting of American Medical Association, among other good things says the following: "Rich doctors are rarities,—though we presume that nearly all doctors who deserve to succeed make money enough to live comfortable. But a rich man is not a rarity in any other pursuit that requires as much knowledge or as high an order of intelligence as is required to make a good doctor. On the contrary, in all pursuits that require that intelligence, and in many that require far less, everybody gets rich, in this country certainly. But this is the most striking phenomenon presented by this profession: that it is a body of men of far higher than ordinary intelligence, men of great culture and industry, who labor incessantly from boyhood to old age, and, taking life genially and easily, are contented with an infinitely less substantial reward than is necessary to satisfy any other class of men. It is as if a medical education lifted a man into serener regions of life than those in which is waged the savage daily strife for lucre, and if it has that effect in fact it would be a good thing if medicine could be studied a great deal more than it is."

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SPECIAL NOTICE.

Subscriptions to this Journal for the year beginning May 1st, 1880, Volumes VII and VIII, are now due, and subscribers are requested to remit the amount to this office during next thirty days.

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Correspondence from members of the profession invited.

EDITORIAL.

MEDICAL LEGISLATION.—The Legislature of the State of New York deserves the thanks of the entire medical profession, throughout this country, for it intelligent action and display of good common sense in the passage of sundry medical bills which were pending during its recent session.

No less than sixteen bills bearing upon the interests of the medical profession were introduced, the more important of which were passed.

The consideration shown the medical profession of New York and the esteem with which it was regarded by this body of law-givers is worthy of a passing tribute. It is so seldom that the wants and wishes of the medical profession are respected by the politicians who generally manage to manipulate State Legislative bodies that we are lead to look with special admiration upon a body of men who recognize the fact that a State has scientific and medical interests.

It has so happened in this State that all attempts to secure the passage of of sundry bills looking to the advancement of the interests of the profession have failed to receive even respectful consideration. Our law-makers apparently judge that the profession in this State have no rights which they are called upon to respect.

Several years ago a committee was appointed by the Medical and Chirurgical Faculty to memorialize the Legislature in reference to the passage of a "Bill for the Protection of Patients in Confidential Communications with their Medical Attendants." This committee was composed of gentlemen of ability, influence and experience. It brought to bear its utmost strength to secure the abolition of a law which imposes upon the medical profession a great injustice and manifest wrong. Notwithstanding the urgent appeal of the entire profession of this State, through this committee, this law yet remains in force, not upon constitutional grounds, but upon the mere caprices of a body of men who disregarded the rights of the profession.

This disregard for the interests of science and medicine is not altogether characteristic of the Legislature of Maryland. In Ohio, Massachusetts, Iowa and Wisconsin similar attempts upon the part of the medical profession to recure the passage of bills regulating the practice of medicine in their respective States have met the same fate.

In no State has the medical profession been treated with more courtesy and friendly regard than in New York, were the Legislature wisely determines that the men who so largely direct public sentiment, and whose useful services to the State are acknowledged, are justly entitled to the first consideration in the enactment of useful laws.

This action upon the part of the law-makers of the Empire State encourages the hope that the interests and opinions of the medical profession will in future be regarded with fuller consideration.

A fact in this connection is worthy of prominence. Whilst the Legislature of New York, deserves full recognition for the services rendered to the medical profession of their State, their action was largely influenced by the strong pressure which was brought to bear upon them by

the personal efforts of a few indefatigable physicians who were present to lobby these bills through. This fact suggests the possibility of the passage of similar laws in other States. So soon as the members of the medical profession consent to assume the rôle of lobbyists and to make strong individual efforts to secure the passage of laws looking to the advancement of professional interests just so soon will their claims be respected by law-makers. The medical profession as a body is too modest in asserting its claims before legislative bodies. The sooner it determines to take the "ox by the horns" and to assert its power at the ballot box, or before the throne, the sooner will it succeed in securing its just rights before the law.

AN ADAPTABLE METRIC GUAGE.—More or less confusion has grown out of the three systems, now in use in the United States, of grading and numbering urethral and rectal instruments. The French, English and American scales are severally employed but as they vary in range of sizes they have proved inaccurate and misleading where measurements of each scale were not thoroughly understood. The English scale is purely arbitrary in character, while the French and American scales which are founded on the metric system vary in such particulars that a wide disparity exist and confusion results. That there is an urgent need for the adoption of a common standard of measurement and record of urethral and rectal instruments is apparent to any one who is familiar with their uses. A system is needed which gives perfect uniformity of measurement expressed in such terms as will be readily understood.

Very recently Dr. Charles H. Thomas, of Philadephia, has given prominence to this subject by directing attention to the disadvantages of the three systems now in use. Dr. Thomas suggests as a substitute for the English, French and American scales a system of designating sizes and recording data by the *perimetric dimension* measurement in which millimeters are used for smaller instruments and passages and centimeters for those of larger dimensions. The system offered by Dr. Thomas possesses the advantage of being fixed and definite, and utilizes all the scales now is use by giving them a comon nomenclature.

The advantage of measurement by *perimeter* instead of *diameter* is obvious since many instruments are irregular in outline and can only be measured accurately by circumference. This system possesses the additional advantage of being so perfectly simple and convenient that its use can be obtained in the shortest time and an accurate mesurement thus secured in all cases requiring the use of specula, dilators, fixed cutting instruments, or whether designed for the use of the urethra, vagina, œsophagus, Eustachian tube or cervix uteri. The gauge consists of a narrow flexible measuring tape graduated in centimeters and millimeters to which is attached a handpiece having a mortise for the passage of the tape. A sliding loop is thus formed within which instruments to be measured are placed. The two ends of the guage being drawn apart the circumference of the enclosed object is readily obtained. The guage is so small and light that it can conveniently be carried in a pocketbook. When this system is once used its many advantages will be made more apparent. Its universal adoption will greatly simplify the confusion which has grown out of the want of an adaptable guage.

DR. J. H. HARTMAN, of this city, will sail in the Cunard Steamer, Scythia, from New York, July 21st, for Europe, to attend the first International Laryngological Congress to be held in Milan, Italy, the first week in September. Dr. Hartman will represent the American Laryngological Association at the Congress, having been appointed as a delegate at their last annual meeting in New York.

All the leading Laryngologists in Europe will be present at the Congress and from present indications it promises to be a very great success.

REVIEWS & BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

Dr. Wm. Goodell of Philadelphia sends us a pamphlet entitled "Clinical Notes on the Elongation

of the Cervix Uteri," which is a reprint from vol. iv of the Gynecological Transactions, 1889. This paper was read before the Gynecological Society at its meeting in this city in September of last year.

A brief synopsis of it was published in the October Number of this *Journal* under the heading "Report of the Meeting of the American Gynecological Society. As this pamphlet contains many useful suggestions in reference to the pathology and treatment of *elongation of the cervix uteri*, it is well worthy of a careful perusal.

"FURTHER contributions to the Study of Factures of the Inferior Extremity of the Radius, etc.," is a pamphlet from the pen of Dr. L. S. Pilcher, of Brooklyn. This paper covers sixteen pages of printed matter devoted to the study of this subject, which is one of interest to the surgeon. Fractures of the inferior extremity of the radius occur with such frequency that any contribution throwing light upon their management will attract attention. Dr. Pilcher has something new to say upon this subject and his remarks are worthy of consideration.

"RESEARCHES on Hearing through the medium of the Teeth and Cranial Bones," by Charles H. Thomas, M.D., of Philadelphia, is a reprint from the *Philadelphia Medical Times, February* 28, 1880. This paper was read before the Philadelphia County Medical Society in December 1879.

Dr. Thomas had devoted much attention to this subject and the results of his investigations are recorded in this pamphlet.

"A PLEA for cold climate in the Treatment of Pulmonary Consumption." By Talbot Jones, M. D., of St. Paul Minnesota. Dr. Jones is an earnest advocate of cold climate for consumptives and presents a number of facts in substantiation of his opinion. He favors Minnesota on the ground of the dryness of the atmosphere. He admits, however, that "as a rule, it is only those predisposed to the disease or laboring under its first stages, who are likely to be benefitted or cured by the climate of Minnesota."

"POSTURE in the Treatment of Intestinal Colic and Ileus; with a Consideration of the Pathology of Spasmodic Colic" is the title of a paper sent to us by Dr. Frank H. Hamilton. This paper is designed as a supplement to a paper read before the New York Academy of Medicine on "Posture as a means of Treatment in Strangulated and Incarcerated Hernia."

CONGENITAL Malformation of Knee Joint. By J. F. Hartigan, M. D. Presented before the Medical Society of District of Columbia. (The Globe Printing and Publishing House, Washington, D. C., 1880.) This is a paper of 8 pages, illustrated with cuts and presenting the history of a case of malformation of the knee joint. The left leg and foot, instead of flexing on the thigh by the contraction of the biceps and semitendinosus and semi-membranosus could not be moved backward after the tibia and fibula were in the axis of the femur; but at the child's volition, or with the gentlest pressure, the leg and foot bent forward against the quadriceps the sole of the foot presenting upwards the toes pointing into the groin, in which position it is generally maintained.

BOOK NOTICES.

Lessons in Gynecology. By WM. GOODELL, A.M, M.D.. Prof. of Clinical Gynecology in the University of Pennsylvania, &c. D. G. Brinton, Publisher, Philadelphia 1880.

This is a second edition of this work, the first edition being exhausted in less than six month's time. This fact attests very strikingly the complimentary reception given to these "Lessons in Gynecology." The author announced in the first edition that this was his first attempt at book-making. His success has been so remarkable that it is to be hoped he will feel encouraged to persevere in an uudertaking in which he has proved himself so clever. Few who have read this book will doubt its rare merit as a practical, common-sense treatise. Indeed, it is a volume which for ease and grace of style, sound teaching, and unaffected simplicity of thought and expression is without an equal. Dr. Goodell brings to bear, in presenting his subject to the reader, his entire personality. The effect is produced that the writer is present,

talking in his earnest, practical and fluent manner. This style of writing has resulted from the fact that this volume is made up of a series of clinical and didactic lectures delivered to advanced students at the University of Pennsylvania. It is manifest that the design of these lectures was to instruct, and the entire effort has been spent in presenting facts and ideas in such language as conveyed their true meaning. This style of bookmaking adopted by Dr. Goodell, is worthy of emulation. We have here the opinions and teachings of a successful and careful practitioner of large and varied experience in the subjects treated by him. To those working in the same field his opinions are eminently worthy of examination and study. With the exception of Dr. Emmet's book, we know of no treatise which so entirely reflects the experience of the author as does this work by Dr. Goodell.

A Text-Book of Physiology, By M. Foster, M. A., M. D., F. R. S. From the Third and Revised Edition, with notes and additions by EDWARD T. REICHERT, M.D., Demonstrator of Experimental Therapeutics, University of Pennsylvania. Pp. 1008. Henry C. Lea's Son & Co., Publishers, 1880.

A few months ago we took occasion to review the English edition of this excellent work. The present edition comes to us with certain alterations which are designed to render the volume of additional use to the American student of Physiology. The text has in no sense been changed, but brief notes and additions have been added in the shape of foot notes with a view of explaining the author's meaning which presupposed more thorough acquaintance with the details of physiological anatomy than the average student of medicine is possessed of.

This volume has likewise been improved by the addition of a large number of illustrations, with explanatory remarks. Foster's physiology is considered by many teachers the best text-book on this subject in the English language. The attempt to bring it within the scope of the American student does not detract from its value, but presupposes a want of familiarity with this branch of knowledge which an English student would feel ashamed of.

Transactions of the American Gynecological Society, for the year 1879, Volume IV. Houghton, Mifflin & Co., Publishers, Boston, 1880.

The last annual meeting of the American Gynecological Society, which gave birth to this volume, was held in this city. The meeting was regarded a most successful one. We took occasion to publish a brief synopsis of the papers read before the Society in the October (1879) number of this *Journal*. As this report covers very nearly the entire ground represented in the present volume, a lengthy notice is unnecessary. We will only refer in general terms to the excellent character of the volume and to its great value to everyone interested in Gynecological study.

The Hysterical Element in Orthopædic Surgery. By NEWTON M. SHAFFER, M.D., Surgeon in charge of the New York Orthopædic Dispensary and Hospital, &c. G. P. Putnam's Sons, New York, 1880.

This book first appeared as an essay read before the New York *Neurological Society* in 1879, and subsequently was published in three consecutive numbers of the *Archives of Medicine* Its contents may be familiar to some of our readers. The subject considered is one of importance and the perusal of this book will amply reward the student of Orthopædic Surgery.

The Student's Manual of Venereal Diseases. By F. R. STURGIS, M.D., Clinical Lecturer on Venereal Diseases in the Medical Department of the University of New York, &c. G. P. Putham's Sons, New York, 1880.

This volume, numbering 196 printed pages, has been written entirely for students of medicine. Its text has been delivered in the form of lectures, which are concise and practical, and confined to the description of the commoner forms of venereal diseases, which fall to the lot of the average young practitioner to treat during the first few years of practice, or in fact, unless he be a specialist in this

branch, during his entire professional experience.

The first nine Lectures are devoted to the treatment of Syphilis and Chancroid, and the remaining three Lectures to study and treatment of Gonorrhœa in the male and female.

MISCELLANY.

THE OPIUM-HABIT. A POSSIBLE ANTIDOTE.—The Louisville *Medical News*, May 29, contains an admirable paper from the pen of Professor E. R. Palmer, on "The Opium-Habit—a Possible Antidote."

This paper begins with a reference to the great physical distress and pernicious influence induced by the opium-habit. Reference is next made to the various claims of remedies as a curative of this habit, which are disposed of in the following words: "If any man has yet discovered a *cure* for opium-eating, I am sure the Medical world is not aware of it."

Professor Palmer goes on to say that recent experience has led him to hope that he has discovered a cure in the Fluid Ext. of Coca, made by Parke, Davis & Co. This drug Prof. Palmer employed in practice, with such results as satisfied him that it possessed uncommon merit as a remedy in the treatment of the opium-habit.

He says, after relating several cases in which he employed this agent: "These are very brief and slender claims upon which to base a claim of discovery; and while I might supplement them by several cases of ordinary hypochondriasis relieved by the agent in question, I do not deem it worth while, as my only desire is to direct professional attention to the administration of coca in the treatment of the opium-habit.

Erythroxylon coca is a native of the eastern slope of the Andes. It is cultivated in the tropical valleys of Bolivia and Peru. The greatest of care is given to its culture by the natives. An idea of its importance as an agricultural product may be gained from the fact that the duties upon coca in Peru amount yearly to four hundred thousand dollars. The Peruvians are preëminently a despondent, an unhappy race, and coca is their balm. To them it is a relic of departed days of glory, and under its benign influence they enjoy in dream and delirium the halcyon days of Monco Capac.

Professor Steele, of the American Pharmaceutical Association, from whose article on Coca I glean these facts, says: 'Coca is both salutary and nutritious; in fact, the best gift the Creator could have bestowed upon the unfortunate Indians. They always carry a bag of leaves suspended from their necks, upon which they draw three times a day with as much pleasure and delight as a connoisseur in tobacco smokes a fragrant Havana. It imparts brilliancy to the eye and a more animated expression to the features, agility to the step, and a general appearance of animation and content.' Indeed, one can scarcely read Professor Steele's article without wishing to test the virtues of this great antidote for the blues. The ordinary dose for adults of the fluid extract is a tablespoonful."

The opium-habit is a most unfortunate condition, and anything offered for its relief should be carefully tested. Prof. Palmer's experience with the use of coca goes to show that if not a positive cure in every case, it merits professional attention as an agent of great value.

DR. JAS. C. HALL, an old and highly respected physician of Washington, D. C., died on Monday, June 9th. Dr. Hall was born in Alexandria, Va., July 10th, 1805. He graduated at the University of Pennsylvania, in 1827, and immediately thereafter located in Washington, where he resided until his death. His entire life was spent in useful, profitable work in his

profession. He was a useful and influential citizen, and was greatly beloved and honored by the profession in his city. Dr. Hall never married. He left a handsome fortune, a large portion of which was given to charitable institutions in which he had taken an active interest during life.

Dr. L. L. Staton, of Tarboro, N. C., reports in the *N, C. Med. Journal*, a case where the hand was restored after complete separation from the arm. The patient, a girl, aged eleven years, while helping her mother to procure fire-wood, placed her hand in the way of an axe and at one blow had it severed, from the styloid process diagonally across the trapezium, passing through the scaphoid bone and posterior annular ligament, dividing all the muscles, bones and blood vessels, and completely separating the hand from the arm, excepting a small portion of skin below the articulation with the ulna. The hand was hanging at right angles to the arm thirty minutes after the accident when the Doctor first saw her. The hand was replaced and held in position by silver wire sutures and adhesive plaster. Fourteen days after the sutures were removed. The patient now is able to extend the fingers and grasp with nearly the usual strength.

Dr. Joseph Sawyer, in the *British Medical Journal*, recommends an ointment of oleate of lead as a substitute for oleate .of zinc, as a very efficient local remedy in eczema. After a series of experiments the following formula was adopted. Lead oleate, 24 parts; heavy and inodorous paraffin oil, 14 parts. The lead oleate is prepared by heating a mixture of oleic acid and oxide of lead.

Dr. M. Ford, of Louisville, Ky., reports in the *Louisville Med. News*, two cases of obstinate cranial neuralgia successfully treated with fluid ex. of Jamaica dogwood.

Medical Re-union.—The members of the Academy of Medicine, of Balto., were handsomely entertained by their President, Dr. H. P. C. Wilson, at his country residence, "Idlehigh," on Tuesday, June 22nd. Over thirty members were present. The occasion was greatly enjoyed.

Lactopeptine.—This remedy has completely gained the confidence of the profession, and is more largely employed as an aid to digestion than any combination ever introduced. It possesses remarkable curative properties, and is eminently worthy of a very high position. At this season of the year when infantile complaints enter so largely into the practice of many physicians, it is well to remember that this preparation has been pronounced a specific in many forms of infantile diarrhœa and indigestion. We have employed the combination Sub Nit. of Bismuth and Lactopeptine, equal parts in many cases of cholera infantum with most satisfactory results. This combination is simple and often affords relief when other agents fail.

Dr. F. J. Hayward, Sr., of Raleigh, N. C., died in that city on Sunday, May 30th, in his 78th year. Dr. Hayward was a prominent physician, and well known throughout the state.

An Emetic for Children.—A corespondent of the *British Medical Journal* states it as his experience, that half a tablespoonful of glycerine acts as a simple and efficient emetic for infants.

Assistant-Surgeons in the Army.—The following gentlemen having passed the examinations, have been appointed assistant-surgeons in the army: Rudolph G. Egbert, of Oregon; Robert J. Gibson, of Connecticut; Robert B. Denham, of Pennsylvania; W. C. Gorgas. of Alabama; Norton Strong of Michigan; Arthur W. Taylor, of New York.

Summary of the Results of Fifteen Cases of Battey's Operation.—In a paper read before the British Medical Association last year (1879), Dr. Battey gives the results obtained in fifteen cases operated upon by him. In eight instances in which extirpation was performed, there was ovaralgia, in three hystero-epilepsy; and one of each of the following diseases: amenorrhœa, with hystero-epilepsy; threatened insanity; occlusion of the vagina and uterus; and violent menstro-mania. All recovered except two, and in these both ovaries were removed. Of the remainder, seven had both of the organs extirpated, and in all the result was favorable, there being an alleviation of the previous symptoms, and a marked improvement in the health. Of the other six cases, there were three from whom one ovary was removed with benefit to the patient; those in whom there was incomplete extirpation of both organs, the number being three, the results were not good, In twelve of the fifteen cases, the écraseur was employed, in two the ligature, and the finger-nail was made use of in the remaining. There are two methods of operating recommended: either by means of a short incision through the linea alba, or by a shorter opening through the median line of the posterior vaginal cul-de-sac. Dr. Battey prefers the former mode of operating, as he has met with better success by doing so. When both ovaries have been removed, menstruation has entirely ceased; if there is but an incomplete removal of both, or if one organ only has been extirpated, there has been no change in menstruation.—*British Med. Jour.*

Local Anesthesia with Bromide of Ethyl.—M. Terrillon stated at the Societe de Chirurgie (Med. Times and Gaz.) that he had employed the bromide of ethyl about a dozen times in operations with the thermo-cautery. In a minute or two a white patch indicating cutaneous anæsthesia is produced, and on the pulverization being continued, insensibility of the tissues is produced to the depth of two centimeters. The production of the white patch is not essential, as anæsthesia may exist when it is absent. The results have proved very satisfactory, but in two cases M. Terrillon did not succeed, owing, as he believes, to the pulverizators which he employed having too small a jet.—*Gaz. Med.*

Color-Blindness.—Out of thirteen thousand persons examined by Dr. B. Joy Jeffries, of Boston, for color-blindness, about 4 per cent. of males, and only thirteen females were found color-blind.

Missouri State Medical Association.—The Missouri State Medical Association met at Carthage, in the South-western part of the State, on the 18th of May. The officers for the coming year are: President, Dr. Allen, Liberty. Vice-Presidents, Drs. T. U. Flenner, Springfield; T. B. Lloyd, ——; L. I. Matthews, Carthage; A. B. Sloan, ——; and A. W. Smith, ——. Recording Secretaries, Drs. A. J. Steele and F. J. Lutz, St. Louis. Corresponding Secretary, H. H. Mudd, M. D., St. Louis.

Chian Turpentine.—This remedy, introduced by Mr. Clay, of Manchester, England, as a cure for Cancer is exciting much discussion both abroad and in this country. The new treatment is now on trial, but the greatest difficulty thus far experienced is not in curing patients, but in securing a pure article of the drug. Mr. Clay says, "as the purity of the article is an essential condition of successful treatment, I can not hold myself responsible for the validity of many of the trials which are now being made, nor can I admit that they constitute a fair test of the new method of curing cancer."

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THOMAS A. ASHBY, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

LECTURE.

STERILITY — LACERATION OF THE CERVIX AND FUNGOUS VEGETATIONS—FIBROID TUMOR—RELAXATION OF THE VAGINAL WALLS AND PROLAPSE OF THE WOMB.

Delivered at the Hospital of the University of Pennsylvania, April 7, 1880.

BY WM. GOODELL, M. D.

Professor of Clynical Gynæcology in the University of Pennsylvania. Reported by Wm. H. Morrison, M. D.

STERILITY.

Gentlemen:—As our patient is not quite ready, I shall occupy the time with a little talk on sterility. The patient is a healthy female of unusually fine *physique*. Her husband is also very healthy and stands six feet high. The marital relations have been frequent and enjoyable on both sides. I mention this first, because it seems in most cases needful that there should be a response on the woman in order that conception should take place. When this is absent, conception may occur, but ordinarily it does not. This, however, is not the trouble in this case. She has been married eleven years, and has now come several hundred miles in order that she may become a mother, for it appears, that if her husband dies without an heir, his property becomes alienated from her.

This subject of sterility is a very perplexing one, and for several reasons. In the first place, there is the bare possibility that although the husband appears to be perfectly healthy, yet he may not have a single living spermatazoon in his semen. Such a case happened to me several years ago. Some of you may have heard its history; but it is worth repeating:

A very intelligent Irish woman consulted me on account of sterility. She was troubled with dysmenorrhœa and with a marked ante-flexion of the womb. Attributing the sterility to the ante-flexion, I dilated the *os uteri* and she got better of her dysmenorrhœa, but she did not get pregnant. I dilated a second time, but still she did not conceive. It was a question in my mind whether or not I should slit open the cervix posteriorly, when one day she came to tell me that her husband had been to a couple of quacks, for they often hunt in couples, who had represented to him that his seed was not living, but that by giving him medicine they could restore life to it. After he had been taking their medicine for some time, and had paid them seventy-five dollars, they said that it was a very difficult case and asked for another honorium of seventy-five dollars. I told her that this was an old dodge, quite extensively practiced in England, and

that after their victims had been taking their medicines for some time they would place a drop of vinegar, alive with its eels, under the microscope and show him how healthy his seed was becoming.

The old Roman proverb holds, that it is lawful to be taught by one's foes, so I took a lesson from them in this instance. I had her husband come to me, and learned from him that when a lad he had caught a clap, for which his father had roundly thrashed him. Following this infection, he had swelled testicles and had to stay in bed for some time. I began to be interested in the case and sent the man to my colleague, Prof. Tyson, with the request that he would examine my patient's semen. He did so, and to his great surprise could not find a single living or a single dead spermatozoon. Hardly believing the evidence of his own eyes, Dr. Tyson sent the specimen to several other gentlemen, but not one of them could detect even a trace of a spermatozoon. Finally, he directed the man to bring another specimen, but the result was the same. Now, in one sense I had maltreated this woman. True, I did her dysmenorrhœa good, but I made a mistake in attributing her sterility to the stenosis.

You must never say to these cases of sterility from flexion, "I know that I can cure you," for I do not care how successful your operation may in itself be, you will find that in the majority of cases conception will not follow. When, however, it does, it will do you great good and you will get much credit, but I am sorry to say that these successful cases are not so frequent as I would like them to be.

Why they are not I cannot say, unless it be that irreparable tissue-changes have been brought about by the dysmenorrhœa, which, while they may not interfere with insemination, will with conception. By insemination I mean the access of the spermatozoa to the ovum, and by conception, the retention of the impregnated ovum in the womb.

For these reasons I said to this woman, that I could not tell whether or not any operation would be followed by success, but that dilatation of the cervical canal was the indication in her case. I could not say to her, "Possibly your husband is at fault in this matter." There is the bare possibility that a youthful indiscretion on his part is the cause of the trouble, but since she is anxious to have the operation performed, and has come so far, and as sterility is so often the fault of the woman, and considering that the operation is so rarely followed by bad results, I feel perfectly justified in performing it, especially as it will probably cure her dysmenorrhœa.

The first thing I shall do will be to introduce the speculum. I find here a virginal os—virginal cervix, I should say, for there is a difference between the two. The cervix is that portion of the womb which projects into the vagina, while the os is the opening in the cervix. The os-externum is not very small. Introducing the sound I find we have to deal with a dextro-lateral flexion.

To-day I am going to use a new dilator which I have had made by Mr. Gemrig. There are two objections to the ordinary dilator. It has no shoulder to prevent it from going too far into the womb, and from impinging upon the fundus. Then again, the blades do not spread open far enough. This one you will see has a shoulder, and the blades can be opened quite widely. This instrument is too large to get in, so I shall begin with the smaller one of Ellenger. Were the os too small even for this smaller instrument, how should I get it in? In such a case I should take a straight pair of scissors, either closed or else use one blade, and dilate the os sufficiently by a boreing motion.

I measure the womb and find that it is three inches in length. Three inches in a woman who has never borne children is too much; but why is it three inches? This is due to the metritis and endo-metritis resulting from the flexion. She also suffers from dysmenorrhœa, which is almost always met with in these cases. Catching hold of the cervix with a tenaculum, I pass the small dilator (Ellenger's) as far as it will go. It stops at the internal os. I dilate the canal as far as the dilator reaches, and out comes a little mucus which has been retained. This is a sure sign of stenosis, from angulation. I am now able to pass the dilator through the os internum into the cavity of the womb. Gentlemen, before the dilator was known, I have been weeks in getting into the womb by the means

of sponge-tents, whereas now, by the use of this instrument, I can tunnel my way in in as many minutes. I now introduce the strong-dilator, and ask Dr. Taylor to screw the handles together. It is my purpose to make another modification in this instrument, and have it with a graduated scale so that I can tell how far the blades are separated. I pull the dilator out with its blades separated so as fully to dilate the whole cervical canal. My usual plan is to introduce a rectal suppository containing one grain of the aqueous extract of opium either just before or after the operation to relieve the little pain that follows it.

Now, gentlemen, this operation looks a little rough, and it is in one sense rough treatment, for we have forcibly overstretched the muscles of the cervix. But yet it has never in my hands been fatal, and it is very rarely followed by any serious symptoms. It sometimes sets up a little inflammation, but there is no operation, however slight, on the womb which may not cause inflammation. But I have forcibly stretched open the cervical canal very many times, and never had any serious trouble. I usually leave the dilator in until, the ether being withheld, the woman begins to feel pain. It is a good plan to inject into the vagina the day after the dilatation a weak solution of carbolic acid.

If a man could insure conception after an operation of this kind, he would need no other kind of practice, for he could get thousands of dollars from many persons who long for heirs on whom to bestow their wealth, or by whom to retain it in their own families.

Many physicians have turned their attention to this subject, but have, as yet, thrown very little light upon it. Some have invented different forms of syringes, by which the semen lying in the vagina after a coition is sucked up and then thrown into the uterine cavity. This compels the presence of a physician in the next room, and shows to what lengths men and women will go when their heart is set on having offspring. This repulsive operation has repeatedly been performed, and yet I do not know that there is on record a single example of positive success following it, for it seems needful for conception that there should be a certain amount of orgasm on the part of the woman. I now withdraw the dilator and I find that it passes readily into the womb, showing that we have certainly overcome the spasm of the muscular fibres.

Now, gentlemen, there is another side to this question, and a very painful one. I have told you what wealth a physician would accumulate could he cure sterility, but I am sorry to say that he would make much more if he could prevent conception. This will be the golden apple that will be held out to you by the tempter. You who are poor and needy, struggling in the outset of your professional life, will have rich people coming to you offering you large sums of money if you will teach them how to prevent conception (which, by the way, is not an easy thing to do), or if you will bring on an abortion. It will, indeed, be a great trial to you, but I sincerely hope that you will turn a deaf ear to such temptations, and will escape with clean hands before God and before man.

LACERATION OF THE CERVIX, AND FUNGUS VEGETATIONS.

The next case is that of a woman who complains of pelvic pains and aches about her body, swelling of the ankles, &c. She has been married eleven years. She has had three living children and six miscarriages. The first two children were living. She then had a polypus removed from the womb. The next child was also living, but all the rest of her gestations had ended in miscarriages. One of the children died when eight months old, owing to its premature birth.

You have heard me ask her whether she ever had an eruption over her body, or a sore throat or pains in her muscles and bones. You can understand the import of my questions, which are very important ones, whenever we have the history of six miscarriages in succession. You have also heard her negative answers. In examining this case I shall, from motives of prudence, use my right hand, for I have a little abrasion on the left. It comes a little awkward for me to do so, being accustomed, as I am, to use the left. The first thing I find is, that this woman has met with quite a bad laceration of the cervix. It extends down to the vaginal junction on the left side, and

is of nearly the same extent on the right side. The first two labors were instrumental ones. At her last labor she was in violent labor for eight hours. This laceration has occured at one of the instrumental labors, and has been increased by the subsequent ones. The consequence is, that she has lost, so to speak, the string to the purse, for the muscles around the cervix are retaining muscles. with properties similar to those of the string to a purse. The result of this has been that as soon as the fœtus had attained any size it pressed upon the cervix, but as there was nothing to keep the os from opening, abortion took place.

This woman was sent to me by a friend of mine, under whose care she has been since last July. He has carefully examined every organ but the womb. I should by rights examine the case thoroughly and go over all the ground that he has gone over, but I am well satisfied to trust to his judgment in the case. I find that the womb measures three inches. If the cervix were untorn and in its natural condition, this measurement would be over three inches. I am going to use the curette in this case, for where a laceration of long standing exists, there will usually be found fungous vegetations of the endometrium, due undoubtedly to the constant irritation of the torn cervix. Every motion of the body causes a rubbing of the raw surfaces. Further, in the marital relations, the male organ impinging upon the gaping os, bruises the delicate epithelium and aids in keeping up the irritation. As the old adage says: "where there is irritation there is congestion," so here, the constant irritation keeps up a constant congestion. What causes a polypus in the nose? Is it not a constant irritation of the Schneiderian membrane? In like manner we can account for the vegetations in the womb.

I introduce the curette and bring away a good many of these vegetations, several of which are quite large. There are more in the cavity of the womb, which have been detached and will be discharged during the day. I shall make an application of a saturated tincture of Iodine to this womb before she goes, for two reasons. I use it, first, to prevent any danger of septicæmia from the putrefaction of the detached fragments, and secondly, to destroy any that I have bruised but not removed. If this woman will return in a couple of weeks, I shall try the curette a second time, and make another application.

This is an operation which I constantly perform in my office. I rarely go to a patient's house to perform it, but she should always take rest after it for at least one day, or until all soreness has disappeared. I have never, except in one instance, seen any harm follow it. That was in the case of a lady who lived some sixty miles away. On the day of the operation she returned home and weeded a strawberry patch. That night she had a smart attack of pelvic inflammation which lasted for several weeks before she was restored to health. In the patient now before us, these vegetations will assuredly return, until the torn cervix is repaired. But she has not yet made up her mind to submit to the operation.

FIBROID TUMOR.

Our next case is a married woman, 35 years old. She has been married ten years, but has had no children. One miscarriage took place five years ago. Last spring she had an attack of pelvic inflammation, which laid her up for several weeks. She began to menstruate when 13 years old. She has had dysmenorrhœa ever since she has been married, before that her catamenia were free from pain. She has come to us because she has felt a tumor in the lower part of her abdomen. Two questions arise in the consideration of this case, first, why has she had this miscarriage, and second, why has she had no children?

I shall now examine and try to find an answer to these questions. The first thing I detect is that the os is of ordinary size, but the cervix is quite high in the pelvis. By the by, this is also a symptom of pregnancy as well as of a tumor. We also meet with the same condition in women who are fat, which I shall explain in this way: Suppose you have a rubber ball partly filled with air, if you cause one side of the ball to bulge there must be a corresponding concavity some where else. So, when the fat is deposited in the abdominal walls it causes them to project forwards and overhang the pubis, thus by this bulging the womb is drawn

up. When, however, the fat collects in the omentum, we sometimes have a downward displacement of the womb. I feel a tumor behind the uterus, and upon introducing the sound find that it indicates a natural position. This examination shows that the post-uterine tumor is not the fundus of a retroflexed womb. The sound gives a measurement of nearly four inches. This shows that the tumor is not wholly sub-peritoneal. Neither can it be wholly sub-mucus, because our patient does not lose much at her monthlies. Therefore, I am pretty sure that the growth lies in the walls of the uterus, and is a mural tumor. The tumor is about the size of a hen's egg.

Can anything be done for this woman? If I can give something that will cause this womb to contract I shall lessen the supply of blood going to the tumor and cause its atrophy. I can do this by the use of Ergot. This woman cannot come to us every day and have a hypodermic injection of Ergotine, so I shall give her twice daily twenty drops of the fluid extract of Ergot by the mouth, and with it ten grains of Ammonium Chloride. To impress this treatment on your memory let me tell you what happened to me last year. A lady, residing in Boston, had been for several years under the care of some prominent homœopathic physicians, for obstinate menorrhagia, but without avail. While passing through this city on her way home she was seized with a severe hemorrhage, and I was called in. I diagnosed a large fibroid tumor of the womb about the size of an adult's head. I knew that it would be of no use to suggest hypodermic injections of Ergotine to a lady with homœopathic proclivities, so, as she was going to Boston, I put her under the care of a friend of mine there. She went home and a short time afterward I was sent for to meet my friend in consultation. After the use of sponge-tents to determine the position of the tumor, we decided that it could not be removed by enucleation.

We, therefore, determined to put her on the treatment which I have just prescribed for the patient before us. She took x grs. of the Muriate of Ammonia three times a day, and as large doses of the fluid extract of Ergot as he could bear, (from xx to xl gtts.) When she got up to forty drops a headache and vertigo invariably came on, and she had to diminish the dose. The Ammonia was given in cinnamon water, which is also an oxytocic.

Two weeks ago, that is six months after beginning this treatment, she came to this city to see me and I was astonished at the result of the treatment, for I had to search for the tumor in order to find it, and it was now no larger than an apple. All this had happened inside of six months; but in the majority of cases we can not hope to meet with such success. When, then, a tumor is subperitoneal we can not expect much good from the use of Ergot, for the tumor is outside of the grasp of the muscular fibres and can not be squeezed by them. Still, Ergot does good even in such cases, by constricting the surface from which the tumor arises, and thus, to a certain extent, cutting off its supply of blood. These ergotic contractions of the womb induce atrophy of the tumor. Sometmes they will cause the death of the tumor, and its expulsion in putrilage and fragments. Sometimes they force the fibroid out of its bed and convert it into a polypus, which is removable. We have had many cases of fibroid tumor in this hospital immensely benefited by the hypodermic use of Ergotine. But this method of treatment is a painful one, and is liable to be followed by abscess, unless the nozzle of the syringe is plunged in deeply. The best preparation of Ergotine for this purpose is Bonjean's, in the proporof fifty grains to three hundred minims of water. Of this a hypodermic syringeful is injected at one time.

RELAXATION OF THE VAGINAL WALLS AND PROLAPSE OF THE WOMB.

The last case I shall show you to-day is one that I have not seen before. She is quite old, and I do not think that it will be necessary to perform any operation. On examination I find a caruncle of the urethra, but she has not come to us on that account. She says that this gives her no pain. I touch it and she does not complain. I never saw a caruncle so insensible as this one is.

You also notice that she has prolapse of the anterior and posterior walls of the vagina, prolapse of the womb, and a very weak perineum. The descent of these

organs keeps up a bearing down feeling and makes her uncomfortable. But since she is 66 years old, it seems hardly wise to perform any bloody operation for her relfef. The best thing, I think, would be for her to use a pessary with an external base of support, such as Cutter's stem pessary. This is virtually a Hodge pessary, provided with a stem which is fastened outside of the body by a perineal band and a waist strap. Another way would be the use of a cup-and-stem pessary, such as James'. The Hodge pessary might possibly do some good if put in wrong end foremost, for then the big curve will keep up the anterior wall of the vagina. The Dewees pessary will sametimes answer when other kinds fail. This is a double concave disk with a hole in its centre, and since it is the cheapest and the least uncomfortable, I shall try it in this case.

REMARKS UPON THE TREATMENT OF THE SICK-STOMACH OF PREGNANGY.

BY W. STUMP FORWOOD, M. D.,

of Darlington, Harford County, Maryland.

Read before the Lancaster City and County (Pa.) Medical Society, at its meeting held at Columbia, Pa., April 7, 1880.

Mr. President and Gentlemen : Compared with some of the conspicuously technical titles of the subjects placed upon your programme for consideration to-day, the malady which we have selected for presentation to your notice is most homely and common-place.

This fact, indeed, its homeliness and its frequency, together with its ill-understood and little considered pathology, constitutes its strongest claims upon our serious attention.

Superadded to the physical distress which constant nausea occasions, how can we estimate the mental suffering endured by the young and timid bride, whose pregnancy is thus advertised to all her acquaintances, perhaps before she has completed the sound of her wedding entertainments!

However acute or lasting her suffering may be, or however exhausted and prostrated the patient may become, instead of receiving words of kindness and sympathy from her friends, she is greeted only with rude jokes and unsympathetic smiles. And her physician even, if she thinks it worth while to apply to him at all, will, in nine cases out of ten, make her a jocular reply, and tell her that this trouble will all pass off after awhile—at the furtherest at the expiration of nine months!

This, as we all know, is the common experience of women who suffer with the *sick-stomach of pregnancy ;* they get neither sympathy from their friends, nor relief from their medical attendant. The physician covers his ignorance under a coarse joke, or under some inefficient *placebo*. Ladies coming under our professional care have frequently expressed surprise upon being told that there was a remedy for this wretched sickness; they having been informed by their old family physician, in former pregnancies, that medical treatment was unavailing for the relief of their complaints,—that the sickness was a condition inseparable from pregnancy, and "must run its course." Some women, it is true, altogether escape this sickness in their pregnancies: but the majority suffer with it in some degree, and in a few cases, occurring in peculiarly delicate and nervous females, they are kept prostrate upon their beds for weeks and months at a time, and reduced in flesh almost to a shadow.

In the entire catalogue of ills that afflict the human family, we can recall none, not immediately dangerous to the existence of life, which is at once so annoying, so embarrassing, and so distressing to the sufferer as the *sick stomach of pregnancy*. This malady, conjoining, as it does, the mental with the physical distress, the natural temperament of the patient undergoes a radical change; the habitually kind and placid disposition of the individual becomes impatient, irritable, morose and petulant. Everything annoys her, and every body who comes in contact is apt to be annoyed by her. We can conceive of but few obligations resting upon us as physicians, apart from the actual aversion of impending death, more imperative in their demands upon our talents and moral obligations than

that of relieving the mental and physical suffering incident to pregnancy.

This is a subject that interests the entire human family—our mothers. our wives, our daughters, the female community at large, through whom the race is propagated, and to whom our own existence is due, must all undergo the pains and perils of pregnancy. These sufferers, therefore, have a peculiar claim upon all the skill and sympathy at the command of the physician.

Early in our professional career the want of some reliable prescription for the relief of the sick stomach of pregnant women was pressingly and painfully felt. Our medical teachers at College dwelt very briefly indeed upon the subject, and after entering upon practice we looked in vain to the books for instruction; they were comparatively silent then, as indeed, they yet are, upon this affection

Upon one occasion, we believe in the year 1856, while we were lamenting to a medical friend, now deceased, our utter want of a proper remedy for "morning sickness," as it is usually termed, he rejoined that a certain physician of distinction, whose name we have forgotten, had earnestly recommended a prescription, which was originally suggested, so far as he knows, by Professor George B. Wood, in the *United States Dispensatory*.

Every other treatment having failed in our hands, although we had tried various so-called remedies suggested by medical journals, we were quite ready to grasp at anything that held out the least promise of success. The results were almost magical,—far in advance of our expectations. Every case was relieved more or less completely, and those who persevered in the use of the remedy for a few weeks were entirely cured.

In reference to the remedy itself, we have no new medicines, under high sounding and unpronounceable names to introduce to you; they are old familiar and long-tried pharmaceutical friends—their novelty consisting only in the new *role* they now play. The medicine that we rely upon for the cure of the stomach of pregnancy is an infusion of *Columbo, Ginger and Senna*. The details of its preparation and administration will be given as we proceed.

We have regularly prescribed this remedy through a period extending over nearly the quarter of a century, and with the most gratifying results. We have verbally communicated the prescription to a great number of medical friends residing in various parts of the country, and in all instances where they have reported their experience, the same success resulted. Hoping still further to extend the knowledge of so simple and so efficient a remedy, we prepared a brief paper on the subject, and read it before the *Medical Society of Harford County, Maryland*, at its regular meeting held August 11, 1868, detailing on their twelve years' experience with the remedy. The chief inducement that led to the preparation of that paper was that of supplementing vague theories that were being published, with something more practicable and reliable.

On the 22d of February, 1868, there appeared in the *London Lancet* an article of considerable pretensions, professing to be a *resume* of the various and most reliable medicines prescribed for this affection by the leading physicians of the chief hospitals of London. The views of the following distinguished teachers were quoted: Dr. Graily Hewitt, of the University College Hospital; Dr. Playfair, of Kings County Hospital; Dr Murry, of the British Lying-in Hospital; Dr. Meadows, of the Hospital for Women, Soho Square, and other well-known physicians of the period. This article was copied into the Philadelphia *Medical News and Library*, for April, 1868.

In our paper, the preparation of which, as before stated, was suggested by these views, we quoted the leading points of treatment advised by these authorities, but really we do not now regard them as of sufficient value to occupy your time with their reproduction here. Those interested may consult the original papers above named. Our paper was afterwards published in the first number of the first volume of a small medical journal started in Baltimore entitled *The Medical Bulletin*, and edited by Dr. Edward Warren. This journal, and especially the first number of it, had a very limited circulation, and we believe survived only one or two years.—Although it may be said that our paper

was "published," we feel sure that the journal containing it reached but a very few readers.

Twelve years having elapsed since this limited publication, it has frequently been upon our mind within the last two or three years to reproduce it and give it a wider circulation. Therefore, when a member of your committee applied to us two or three weeks ago for some material for presentation to your Society; at this meeting, we could think of nothing more appropriate to the occasion than to offer you our experience in the treatment of sick stomach of pregnancy.

Notwithstanding the extremely limited circulation of the *Medical Bulletin* our article did not escape the vigilant eye of DR. GEORGE H. NAPHEYS, of Philadelphia, who at the time was engaged in the compilation of his work on *Modern Therapeutics*, which was first published we believe in the year 1869 or 1870. He copied the prescription as a remedy for the complaint in question, without according credit to any one for the suggestion. This plagiarism was so glaring—for he had used a sufficient number of our words in connection with the prescription to place its quotation beyond all doubt—as to bring forth from our friend DR. W. W. VIRDIN, of Harford County, a forcible protest. Dr. Virdin's explanation of the source of the prescription was published in the Philadelphia *Medical and Surgical Reporter*. in or about the year 1870. Dr. Naphey's essayed a full rejoinder through the pages of the same journal, to the amount that he gathered his information with an omnivirous appetite from all attainable sources—which none would object to provided he made the proper acknowledgements—but he neither confessed the plagiarism, claimed originality, nor indicated the source of his information regarding the prescription.

Death having claimed Dr. Napheys as one of its victims, we would not, if we could, say more. Of late years many suggestions have been made through the Medical Journals as to the treatment of "morning sickness." Scarcely a month passes that we do not meet with a paragraph or two upon the subject, yet in no instance except in that of Dr. Napheys have we found any mention of our prescription. Within a few weeks we have read in one of the Journals where a writer announced that he had cured a case by the *Dilatation of the Os Uteri!* This proceeding we should regard as extremely hazardous to the pregnancy to say the least. Since the speculum has been brought into such general use, we fear that serious inroads have been thoughtlessly, and in many instances unnecessarily, made npon those delicate sentiments of modesty which we admire so much in woman. But even though the dilitation of the *Os Uteri* should prove remedial for this affection, yet how much more agreeable to the feelings of both patient and physician to have at command an efficient remedy for administration *per Orem*.

About fifteen years ago, as correctly as we can remember, without referring to the authorities, the *Oxalate of Cerium* was introduced to the profession with a great flourish of trumpets, as an unfailing remedy for the *sick stomach of pregnancy*. The journals teemed with its virtues for several years, but like nine-tenths of all the new remedies in medicine this preparation seems to have fallen into disuse. The results from its use in our hands were far from satisfactory, though we confess we never experimented with it to any very great extent, for the very reason that we already had a simple and reliable remedy in hand.

The original suggestion referred to previously, as to the application of this prescription in the malady under consideration, by DR. GEORGE B. WOOD, in the *United States Dispensatory*, is expressed in the following vague and incidental language: and, perhaps, has not impressed the mind of one reader in a thousand with its connection with our subject. Under the head of "Columbo," and more technically, "Calumba," PROFESSOR WOOD uses the following language: "It has been highly recommended in vomiting unconnected with inflammation, as in the sickness of pregnant women. It is frequently administered in combination with other tonics, mild cathartics, and antacids. The remedy which we have found most effectual in the permanent cure of a disposition to the accumulation of flatus in the bowels, is an infusion made with half an ounce of Columbo, half an ounce of Ginger, a drachm of Senna, and a pint

of boiling water, and given in a dose of a wine glassful three times a day."

[To make the prescription clear to the eye of the reader at a glance, we place it in regular form, as follows:

℞. Rad. Columbo. Crutus,
Rad. Zingiber, each ℥ ss.
Fol. Senna, ʒ j.
Aquæ Bullient, Oj.
Mix. Infus.

Sig. Take a wine glassful before each meal.]

It will be seen from this quotation that PROFESSOR WOOD, one of the most careful and accurate of writers, only makes a passing reference to the value of this prescription in the sickness of pregnancy, evidently attaching but little importance to it, simply stating that it had been recommended in sickness. He chiefly dwells upon its value in dyspepsia, constipation, and flatulence, in which complaints he has found it an effectual remedy. This is all the information regarding the use of this prescription in the sick stomach of pregnancy that we have ever obtained, except what we have derived from the experience of dozens of our fellow practitioners to whom we have communicated the recipe.

For a time we used these medicines in a powdered state, but finally abandoned it in that form because of the "mushy" character of the infusion which was disagreeable to the patient and difficult to filter with ordinary appliances. Later in practice we prescribed the *fluid extracts* of each of the three ingredients, but for some unexplained reason they did not appear to act so efficiently, therefore we have now returned to the original recipe, which was simply to contuse the roots, and directing that each dose be filtered through gauze when taken, and immediately after pouring off each dose we direct that the vessel containing the infusion shall be well stirred, or agitated, to facilitate the extraction of the virtues of the herbs. We have also found by experience that when the infusion has been about half used, it may be filled up to the original quantity by adding a half pint of boiling water, when the second preparation will be nearly or quite as strong as was the first half. In warm weather it is better to prepare a smaller quantity at a time, and keep it in a cool place. Also a small portion, two or three tablespoonfuls, of brandy or gin may be added with advantage to the infusion, for its stimulating effects upon the patient, and for its value in preserving the infusion from the souring process in hot weather.

In some cases, attended with unusual acidity of stomach, we add half a drachm of carbonate of magnesia to the recipe. Constipation of the bowels nearly always exists in this sickness, but should the bowels, on the contrary be relaxed, we omit the Senna.

We are in the habit of prescribing two parcels of the recipe for the patient to take continuously, mixing one at a time, and making the addition of water referred to. This quantity is sufficient in mild cases, of course it must be continued longer if necessary. There appears a tendency on the part of the complaint to return in the course of three or four weeks after the conclusion of the first treatment. By then using one or two pints more of the infusion, tne patient will be almost invariably cured of her sick stomach. When the complaint is at all violent, it is better for the patient to take the morning dose, and afterward her breakfast, *in bed;* and not to rise until at least one hour after eating.

Patients rarely present themselves for treatment until they are very much exhausted from this sickness. They are weak, pale or sallow, emaciated, constipated, nervous, and express themselves as feeling wretched generally. In the Columbo and Ginger we have the tonic, and stomachic so much needed, and in the Senna the gentle laxative; all of which being combined, mildly stimulates to healthy action the disordered stomach, liver, kidneys and bowels. The bitter taste of the medicine, so objectionable at first to the patient, already so extremely nauseated, soon disappears, as does the pale and sallow complexion. Of the many patients to whom we have prescribed this medicine we remember but one who persisted in asserting that she derived no benefit from it whatever; and in her case it was prescribed in two separate pregnancies with the same result. This patient always referred in strong terms of the extremely bitter and unpleasant *taste* of the medicine, and as her sickness was not at any time so ex-

treme as to confine her to her bed, we had our suspicions that she did not persevere in the use of the remedy as we directed her to do.

We may safely say that three-fourths of our cases have been absolutely cured under this treatment, and the remainder so much benefitted as to enable them to discontinue the treatment after two or three weeks' use, without any serious inconvenience subsequently. Every patient to whom we have administered this prescription has been so far benefitted as to be able to leave her bed, and attend to her usual duties We have known patients, without such treatment, who were compelled to remain in bed for weeks at a time, as their only relief from this distressing nausea. In more than one case that has applied to me for treatment, wherein *sick stomach* was the prominent symptom, without any explainable cause for its presence, and where, if pregnancy existed, there were strong motives for its concealment, we have repeatedly verified our suspicions, without the knowledge of the patient, by the successful employment of this infusion. Even in cases where there were no motives for such concealment, the patient's experience being so different from that in former pregnancies as to mislead her in regard to her present condition, we have been able to satisfy all concerned as to the fact by the prompt relief afforded by this remedy. It may, therefore, be regarded as possessing great *diagnostic* value, apart from the curative in cases of *suspected pregnancy*.

In conclusion, we quote the last paragraph in our previously published paper on this subject, with the remark that the experience of the twelve additional years that have since elapsed has confirmed to an equal degree the experience of the twelve preceding.

The following is the language referred to :

" As before stated, we have been in the regular practice of administering this infusion to all cases of ' morning sickness ' that have come under our charge during the last twelve years, numbering, perhaps, two hundred or more, and such has been our uniform success that we will remark, in closing, though the expression may appear extravagant, that we regard the Columbo, Ginger and Senna infusion as much entitled to the character of a *specific* in the treatment of the sick stomach of pregnancy as quinine is in the treatment of intermittent fever."

SOCIETY REPORTS.

REPORT OF THE UNION MEETING OF THE LANCASTER CITY AND COUNTY (PA.) MEDICAL SOCIETY, WITH ADJACENT COUNTIES.

Held at Columbia, Pa., April, 7, 1880, by a Visitor,

W. STUMP FORWOOD, M. D., OF DARLINGTON, MD.

(*For the Maryland Medical Journal.*)

Physicians, as a class, have at command fewer opportunities for relaxation from business, and for general mental and physical recreation, than any other class of men, excepting those whose daily manual labors are essential to the actual support of their families. The work of of the Medical practitioner, though not always continuous, is never ending; and the intervals from actual professional occupation are so uncertain as to interruptions that they can but rarely be utilized for the purpose of rest and pleasure. It is true that more social enjoyment might be indulged in, without detriment to patient or physician, if the latter was properly inspired with the sense of good to be derived from personal contact with the great men of the profession, and also possessed of the necessary energy and industry, which will always enable him to devote all proper attention to his patients, and at the same time allow him opportunities of cultivating his mind in a way to become a better physician, by attending meetings of medical men, which are designed for mutual instruction in the great science of medicine.

Union Medical Meetings, that is, meetings of the Medical Societies of adjoining counties, have recently been instituted; and have been productive of much good, by bringing together under most agreeable circumstances, neighboring practitioners who would otherwise rarely meet.

Thus our domain of professional friendships becomes enlarged, and in like proportions if we improve the opportunities must our professional knowledge grow.

In keeping with the general spirit of the age in which we live, which is that of advancement and improvement, the *Medical Society of Lancaster County and City,* Pennsylvania, held a union meeting at Columbia on the 7th of April, 1880. To this meeting were invited the members of the societies of several adjoining counties in Pa., and also the members of the societies from Cecil and from Harford counties in Maryland, so that two States as well as several counties should be represented at the meeting.

As a special act of courtesy and respectful consideration, the host, the inviting society, Lancaster, placed the entire programme for the conduct of the meeting in the hands of their invited guests. That, is, all of the papers read before the meeting at Columbia were prepared by the visiting friends from other counties. All *discussions* suggested by the papers were, however, general; all present being desired to participate in them.

The arrangements for the meeting were entrusted to the able executive care of the followtng named gentlemen as the general commitee, all of whom being residents of Columbia, or near by: Dr. J. A. Thompson, Dr. D. I. Brunner, Dr. J. F. Cottrell, Dr. T. M. Livingston, Dr. J. K. Lineaweaver, Dr. G. W. Bernthiezel, Dr. Sutlee Bockius and Dr. Alex. Craig.

The programme, which was quite diversified, as will be seen at a glance, and correspondingly interesting in the treatment of the subjects, was arranged as follows:

1. *Address of Welcome*, by Dr. D. I. Brunner, of Columbia.

2. *The Construction and Advantages of a New Mechanical Appliance for the Treatment of Diseases of the Spine*, by Dr. H. L. Coover, of Harrisburg, Pa.

3. *Notes on Vital Conservation*, by Dr. A. A. Hanna, of Port Deposit, Md.

4. *Traumatic Perforation of the Intestine*, by Dr. E. W. Meisenhelder, of York, Pa.

5. *The Establishment of a State Board of Health as a Department of State Government*, by Dr. J. W. Houston, of Collamer, Chester Co., Pa.

6. *Rest, and its Relation to Disease*, by Dr. S. B. Keiffer, of Carlisle, Pa.

7. *Treatment of the Sick Stomach of Pregnancy*, by W. Stump Forwood, of Darlington, Md.

8. *Duodinitis*, by Dr. Jacob Hay, of York, Pa.

9. *A Day at Gheel; or the Cottage Treatment of the Insane*, by Dr. J. Z. Gerhard, of Harrisburg, Pa.

10. *Report of two Cases of Litholopaxy, with Remarks*, by Dr. H. C. Orth, of Harrisburg, Pa.

11. *Embolism*, by Dr. J. W. Kerr, of York, Pa.

12. *A Report of a Post Mortem Examinatiou of a Patient Dying from Cancer of the Omentum*, by Dr. W. W. Dale, of Carlisle, Pa.

The meeting was convened at the very large and handsome Opera House, of which building the town may well be proud, on Wednesday, April 7, 1880, at 11 o'clock, A. M. In the absence of the President of the *Lancaster County Medical Society, Dr. J. A. Thompson*, who was confined at his home by sickness, the chair was occupied by first Vice-President, *Dr. A. M. Miller*. Upon motion, Dr. P. J. Roebuck, of Lititz, was elected temporary Secretary.

The President then introduced to the meeting Dr. D. I. Brunner, of Columbia, who delivered the following highly appropriate

ADDRESS OF WELCOME:

Mr. President and Gentlemen:

This stated meeting of the *Lancaster City and County Medical Society* has been convened in this hall for the special purpose of receiving and communing with our friends of other medical societies. The physicians of Columbia and neighborhood have honored me with the pleasant duty of extending to you, gentlemen of the home and visiting societies, a cordial greeting.

Those whom I represent would naturally desire that their kindly feelings should be expressed worthily, warmly, eloquently. In selecting me as their spokesman, however, they put aside all thought of rhetorical display. My title

to this foremost place is seniority—not that I am so gray as our venerable President, (whose absence and sickness I sincerely regret) nor do I wear so many years as the honored father of our society; I am simply the senior physician of this place. But this seniority qualifies me, knowing so well by long association the feelings and sentiments of my townsmen—of half a century of practice nearly thirty years have been spent in Columbia—this qualifies me to speak in their behalf, as I now most earnestly do, a sincere and hearty welcome! On the part of my medical brethren especially, I welcome you, not only to our town, but to the highest places in our meeting.

This assembling together of the physicians of neighboring counties is a modern custom—innovation, rather; it has scarcely crystallized into a custom—but one which, I think, meets the hearty approval of every one of us having at heart the interest and progress of our profession. With medical literature multiplied as it is beyond a busy man's capacity to read, to say nothing of digest, some short road to knowledge becomes indispensable The personal interchange of thought, of opinion, and of experience, is a condensation, a combination of our separate study and research and experiment. We meet to compare notes, expose critical cases, discuss the thousand questions arising in our ever expanding and improving profession. New diseases, old diseases under new forms, new remedies, new combinations, new chemicals—all these demand our consideration, and many our condemnation. Our aim is to contribute each his quota to mutual improvement, to the elucidation of abstruse poblems, the unraveling of seeming mysteries of disease. By contact we seek to burnish our minds, to sharpen our apprehension, and to gather from the resulting discussion facts and data which shall stand us instead of personal experience. Our country, State and National societies are fields for this same contact and consultation; but are not these re-unions, free from the trammels of fixed time and place, of constitution and by-laws and routine, now gratifying and enjoyable?

As a class, we physicians are separate and distinct from other men. Our thoughts, feelings, I may almost say our customs, are peculiar. We naturally seek congenial society; we find it within our own ranks. Aside from a strictly professional bearing, the influence of these assemblies, in a social aspect, is strengthening to our brotherhood. We must unite ourselves by every possible tie, for no distinct body, social, political or professional, can expect to exist without envy, detraction and opposition. We must stand firmly together against the traitors, the impostors, the humbugs who intrude upon our ranks and strive for our name and place. We must denounce the ten thousand nostrums which flood the country with quackery in all its forms. By scientific research, by diligent inquiry, by close observation, and by our endeavors to prevent disease, to sooth to strengthen, to heal suffering humanity, we must make good our claim to be indeed the conservators of health, the true and only ministers of healing.

Gentlemen, we have not forgotten the kind reception, the cordial welcome and hospitable entertainment extended to and received by us at Port Deposit and at "Wild Cat." The members of the Harford, Cecil, Oxford, York, Harrisburg, and Cumberland Medical Societies have endeared themselves to us by their kindness and congeniality. We, in our turn, are the hosts, and will endeavor to make the occasion one of interest and pleasure to our guests. This place has been selected for our assembly because easy of access by rail from every direction, and the unequaled scenery through which our visitors have approached must have attuned their minds to high thoughts,—we await their utterance. We keep in mind the lucid and erudite essays of past meetings, and look to you, gentlemen, for the papers of to-day. Let us not, however, forget that discussion is earnestly desired, and should be participated in by all who may feel interested in the subjects presented.

Gentlemen, once more I welcome you warmly. I trust that this meeting will strengthen the bonds of friendship, cement more closely our friendship, and help to elevate the standard of our profession.

In conclusion, allow me to say, if your visit shall prove as agreeable to you as it is flattering to us, you will carry with you only pleasing recollections of an oc-

casion which we shall remember with gratification.

Although the programme, as before stated, was fully carried out, yet the papers were not all read in the order announced, for the reason that some of the essayists were delayed in their arrival in Columbia, until after 12 o'clock.

The first paper read was by DR. A. A. HANNA, of Port Deposit, Md.; the subject "Notes on Vital Conservatism." This was a good exposition of the views established by recent physiological researches, especially through the use of the microscope. The paper was well read, and appeared to excite considerable interest in the minds of the auditors.

The second paper entitled "The Establishment of a State Board of Health, as a Department of State Government," was read by Dr. J. W. HOUSTON, of Chester Co. This was an exceedingly able and forcible presentation of an important subject. At the conclusion, his views were much commended by Dr John L. Atlee, Senr., and others. The great difficulty in the establishment of such a Board, and consequently the execution of the humane designs comprehended in the duties of a Board of Health, lies in the obtuseness, or want of interest on the part of the State legislators. Dr. Atlee spoke with great earnestness, and with much regret upon the apparent difficulties which were placed in the way of the medical profession when desiring to engage the attention of our legislators upon medical subjects,—subjects purely philanthropical, and designed solely for the public weal. The Doctor appealed to the Secretary of the Society, Dr. Roebuck, who had been a State senator, to explain why it was that the petitions of medical men before the Legislature, received so little attention—such constant neglect and rejection; and wished to know, from his experience, by what method it was best to approach the Legislature with any hope of success for getting the necessary act passed for the establishment of a State Board of Health. The query, we regret to say, was not replied to.

The following resolution was offered by Dr. Houston, and was unanimously adopted:

Resolved, "That the members of this Convention will use their influence in the several county medical societies herein represented to instruct their respective delegates to the State Convention to therein advocate the necessity of again appealing to the General Assembly of this Commonwealth for legislation establishing a State Board of Health as a department of our State Government."

The next paper read was one by Dr. S. KEIFFER, of Carlisle, entitled, "Rest and its Relation to Disease." This was an admirable paper and was well impressed upon the attention of the audience and a paper which might be profitably brought to the notice of the general public, as well as to that of our profession.

Dr. JACOB HAY, of New York, read the fourth paper to the Society, upon the subject of "Duodinitis." Unfortunately, at the time of the reading of this paper, we were occupied in the deliberations of one of the committees, and did not hear any part of it.

Dr. J. Z. GERHARD, of Harrisburg, next came before the audience with an exceedingly interesting essay detailing his experience and observations derived from "A Day at Gheel; or the Cottage Treatment of the Insane." Although we did not hear the whole of this paper, for the reason just assigned, in referring to the paper of Dr. Hay, we yet heard sufficient to awaken an earnest desire to become acquainted with the remainder. Dr Gerhard has been Senior Assistant Physician at the State Lunatic Hospital, at Harrisburg, for the past ten years. His paper was replete with interest, and it appeared quite evident that he had most industriously employed his "Day at Gheel" to the best advantage. His remarks were well read, and well received by his auditors.

The Doctor's visit was made in July, 1877. Gheel is an ancient town in Belgium, and is located about twenty-seven miles from Antwerp, in a south-easterly direction, and has been noted as a place for the treatment of the insane since the seventh century,—through a period of eleven hundred years As an establishment of such unprecedented antiquity must of necessity possess a remarkable history. The insane at Gheel are not confined to a single hospital, or even to the town, but are scattered over a district measuring about thirty miles in circumference, and amidst a population of

about 12,300. At the time of the Doctor's visit, the insane numbered 1,300. "The majority of the cases," the Doctor remarked, belong to the chronic and demented classes, and live in the houses of the peasants; and some of them engage in the various domestic and field duties of the country.

The town of Gheel, our essayist informs us, is the nucleus and governing centre of the community. The Doctor further states that "In 1858, an Infirmary was erected at Gheel, and was placed under the supervision of Dr. Bulkens. who continued the physician-in-chief of the community until the time of his death, which occurred several years since. He was succeeded by his assistant, Dr. Peters. The Infirmary has accommodation for sixty patients; is occupied by the most recent and violent cases, and is arranged and managed on the plan of an ordinary hospital for the insane. The patients living in the cottages receive but very little medical treatment.

The original hospital for the insane established at Gheel, partook more of a *religious* than of a *medical* character. The community was, and is entirely under the jurisdiction of the Catholic church and the hospital was especially the offspring of the patron saint, St. Dymphne, an interesting religio-medical history of whom was given in the Doctor's paper.

"The great objection to Gheel," adds the author, in a private letter to the present writer, "is the defective medical supervision of the community."

We can scarcely feel a surprise at this defective medical supervision when we reflect that the institution had its origin in prayer rather than in medical skill. At the date of the establishment of this ancient asylum for the insane—eleven hundred years ago—it was the prevailing opinion among men, except a few of the more learned, that mental derangements were purely the results of the action of evil spirits; and that they could be exercised in no way except by prayer. Hence the care of these unhappy patients usually fell to the lot of the church for its relief for these maladies. Among the ignorant much of this ancient superstition still prevails with reference to the treatment of mental diseases.

In the long history of St. Dymphne, many miraculous cures are said to have been effected in return for the prayers of the devout and faithful. Dr. Gerhard's entire paper, with additions, may be published at a future day.

The next speaker who appeared upon the stage was Dr. W. STUMP FORWOOD, of Darlington, Maryland. The subject of his paper was "The Treatment of the Sick Stomach of Pregnancy." Our readers will excuse us from making any remarks upon this paper, with the permission of our good friend, the editor of *The Maryland Medical Journal,* each of our readers will have the privilege of reading the entire paper in the of pages this number of his journal, when they can judge for themselves, after a careful trial, as to the merits of the treatment proposed for that direful malady. At the conclusion of the reading of this paper, some remarks were made by Drs. Atlee, Welchans, and M. L. Herr, as to the utility of other methods of treatment, viz: ingluvin, pepsin, etc., which each had used with varying success.

The next paper in order was the report of a case of 'Embolism," with illustrations, read by Dr. J. W. KERR, of York. The case terminated fatally, and a post-mortem examination was made which verified the diagnosis, and showed that the chief artery in both legs were completely occluded with clotted blood from the feet to a point near the knees. The patient suffered horrible pain, and his legs so far as the embolism extended, became perfectly black Drs. Atlee and J. Biegler made a few remarks upon this interesting paper.

Dr. H. L. ORTH, of Harrisburg, read the next paper, which was entitled "Litholapaxy." This paper was in illustration of old and of new methods of crushing stone in the bladder, and was accompanied with the different instruments which the Doctor relies upon as the best for accomplishing the object. The instruments appeared to be well adapted to the purpose, and competent for the exercise of powerful leverage. Dr. Orth is a young physician, but is rapidly rising into the highest ranks of scientific medicine and surgery. We learn that he has successfully practiced ovariotomy under circumstances but little less than desperate.

The succeeding paper was read by Dr. W. W. DALE, of Carlisle; the subject being, "A Report of a Post-Mortem Examination ot a Patient Dying of Cancer of the Omentum." We may obtain some information from every carefully conducted post-mortem examination made, regardless of the special character of the fatal malady. This case of Dr. Dale's possessed several points of general interest.

In the "Quarteriy Transactions of the Lancaster County Medical Society," April, 1880, which number purports to contain only the proceedings of the meeting at Columbia, April 7, we find a paper on "Diphtheria," by Dr. J. L. ZIEGLER, of Mt. Joy. We did not hear this paper, nor hear of it, neither was it on the printed programme. The inference is that it was not delivered at the said meeting. In looking over the printed copy, we find that Dr. Ziegler relies chiefly upon Mercury in the treatment of Diphtheria. He prefers the Cyanide of Mercury, in minute doses. We will only remark, in this connection, our opinion that, had the Doctor gone through such a malignant epidemic of Diphtheria as the one we encountered about sixteen years ago—two or three lying dead in the house and awaiting burial at the same time—he would have acknowledged the utter futility of small or of large doses of mercury, or of any other treatment except the most heroic stimulation, and antiseptic treatment.

At the conclusion of Dr. Dale's remarks, an excellent and highly practical paper was read by DR. H. L. COOVER, OF HARRISBURG, on "The Construction and Advantages of a New Mechanical Appliance for the Treatment of Diseases of the Spine."

Dr. Coover exhibited his appliances to the Society, and explained their application. One great advantage possessed by these appliances lies in their comparative cheapness as regards expense, and their facilities for easy application.

The concluding paper was read by DR. J. W. MEISENHELDER, OF YORK. His subject being the history of a case of "Traumatic Perforation of the Intestine." This was the case of a man of sixty-five years of age, who, upon attempting to get up into a large wagon, stepped upon the wheel, when his foot suddenly slipping off the wheel his entire weight fell upon a corner of the wagon body, and the whole force of the fall was expended upon a point in the abdomen. The patient *immediately* complained of *agonizing pain* in the part injured, and the pain continued without intermission up to the hour of the patient's death, which occurred thirty-three hours after the accident.

The Doctor terms this case as one of *perforation*, which we, with due reference must, in the interest of clear definitions, object to. *By perforation*, we understand a wound produced by a sharp pointed, or by a boreing instrument. The lesion in the case referred to, was clearly and incontrovertable, a *rupture*.

Upon post-mortem examination ol the case, the rupture in the bowel proved to be only about the size of a split pea. It is astonishing how much suffering, and how speedily death follows in the midst of life and health, from such an apparently insignificant injury! We give in full the Doctor's concluding remarks upon this case:

"This case is submitted to your consideration as one of the *rare ones* of medical literature. It is such a case as one sees but once in a life time. It illustrates with what rapidity peritoneal inflammation manifests itself; and that its march is as destructive and blighting as a prarie fire.

The promptness with which any injury to the peritoneum, either parietal or viceral, exhibits itself by unmistakable signs, is no doubt due to the fact that all the hollow viscera are well supplied from the solar plexus, aptly called the abdominal brain, with branches of that great sympathetic system which presides over those processes of the economy not under the control of the will. From this great center ramify minute filiments in every direction, and to every portion of the intestinal tract, and notice of injury at any point is rapidly flashed along these countless wires back to the center, whence is returned sharp and quick, the warning which is the first step in nature's effort to combat the destructive agencies which are striking with fiery tongues at human life. For he who has to do with either a frank acute peritonitis, or with its more insidious chronic type is standing upon the ragged edge of the preci-

pice which threatens to engulf and destroy."

The Vice-President, DR. MILLER, conducted the duties of the Chair with dignity and dispatch; and all of the proceedings were harmonious and parliamentary.

A resolution was adopted tendering the sympathies of the Association to the absent President, Dr. Thompson, in his sickness.

A bountiful dinner was provided for the Delegates at the *Franklin House*, a leading Hotel in Columbia, at the expense, we believe, of the Committee of Arrangements. Certainly the visiting brethren were not allowed to pay for the same. And, after the adjournment of the Society in the afternoon, between four and five o'clock, the *good ladies* in the families of the physicians of Columbia, had prepared a splendid lunch in the basement of the Opera House, for those who had long distances to travel to their homes This consisted of delightful coffee, nice buttered rolls, cold meats, &c., all of which appeared to be enjoyed with the greatest relish—much heightened by the knowledge of the sources from which it came, and of the fair hands by which it was prepared, and the kindly feelings by which it was prompted. The ladies were in waiting themselves, and personally handed the refreshments, much to the pleasure, repeatedly and most freely expressed, of the visiting gentlemen.

Columbia, though not large, is a good sized and beautiful town, and is rapidly growing. It is now a great railroad center; the whistle of the locomotive being heard every hour of day and night. The roads here diverge to the four cardinal points of the compass.

After having finished their hasty lunch the crowd congregated at the depot—portions of them to go in every direction. Having now but a few minutes for pleasant chat and hurried farewells, the "down train" on the great "Pennsylvania," came rushing along; halted but a minute or two and took off a large body of our friends to Lancaster City. We had scarcely time to renew our jokes or speak of parting, when another train came in and took off another large delegation to York; and about fifteen minutes later our Harrisburg friends took their departure; and fourthly, and lastly, and with rather a longer interval, we, from down the river, took our train for Port Deposit. Thus, within about one hour, between six and seven o'clock, the large number of strange physicians, whose presence had excited and enlivened Columbia throughout the day, had departed to their several, distant homes, and left Columbia like "Tara's halls, deserted." They carried with them the kindliest feelings for the welcome and the hospitality they had met with and enjoyed at the hands of the Columbia physicians, and especially from their wives. They departed feeling that the day had been well and *profitably* spent,—that they had formed many new friendships with the good and the great men of the profession, which they feel will afford them enjoyment and instruction in the years to come. We know that all will excuse us for personal allusion when we say that no medical man can come in social contact with such a man as the senior Dr. J. L. Atlee without feeling that he had secured some pearls of wisdom that had fallen from his lips, and had stimulated in his bosom a more noble pride in his profession.

This Nestor of our profession, who yet carries his years lightly, and with the springing step of active life, has recently celebrated his eightieth birth-day He informed us that he had no rest, but was as busy with his large practice as at any time for years past.

In conclusion, it is proper that we should express our warm feelings for the pleasure and instruction afforded us by our professional brethren of Lancaster County, and especially by those of the town of Columbia, for the kind welcome and generous entertainment extended to us in this delightful re-union meeting. This meeting, we trust, is a fore-runner of many to follow, in which the physicians of neighboring counties, previously strangers to each other, and who have secluded themselves, as it were, from that contact with the profession, the friction of which alone produces *brightness*, and which in the future will bring them together more frequently, and upon more intimate and kindly terms than any that has hitherto existed With such results to look forward to from this bright example, our Lancaster County friends may

well congratulate themselves upon having inugurated a means for social enjoyment and for professional instruction alike honorable and commendable; and this example will doubtless have the effect of inducing other societies, and contending physicians who heretofore have

"Stood aloof, like cliffs asunder,"

to unite in kind personal feelings, and to unite in the great common cause of relieving the ills that flesh is heir to.

MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

A called meeting of this Faculty was held at No. 122 West Fayette Street, at 1 o'clock P. M., July 6th. Some thirty members were present. The Secretary announced that charges preferred by a member against a member had been presented, and in accordance with a constitutional provision they were referred to the Committee of Ethics.

The following resolution was offered by Dr. J. Shelton Hill:

Resolved.—That members of the Medical and Chirurgical Faculty of Maryland cannot enter into a contract to render professional services to the members of the Baltimore and Ohio Railroad Employ and Relief Association, at such fees as are named in the schedule of prices offered by said company without a violation of their obligations to this Faculty.

Dr. Hill explained the object of this resolution, and called attention to the many objectional features which this feetable contained. He referred to the attempt which this corporation had made to dictate terms to the profession for such services as they might be called upon to render, and denounced this scheme as prejudicial to the honor and dignity of the profession.

Dr. Hill's remarks elicited a lengthy discussion, the burthen of which indicated the disapprobation of the profession against the proposition of the company. This subject was regarded as of profound interest to the profession, and as it involved questions which required fuller consideration than had been given them, a motion was made to refer the resolution to the Committee on Ethics to report upon its merits at an early meeting.

In discussing this question, a point was made by Dr. Christopher Johnston which was well taken, and suggests a line of action which should receive consideration from the Committee on Ethics.

The railroad company, ever jealous of its interests, exacted a pledge of its employees that in the event of damage by accident, a suit for such action should not be instituted against the company. No such protection was guaranteed the medical attendant acting for the company; on the contrary there was a gross attempt to escape a responsibility upon the part of the company, and the implied purpose to seek a redress from the physician whenever circumstances might warrant a case. This question of responsibility presents the true inwardness of this so-called beneficial organization.

The following Resolution was offered by Dr. Donaldson: "*Whereas*, the *Southern Clinic*, a medical Journal published in Richmond, Virginia, has reiterated the charge against Dr. J. J. Chisolm, a member of this Faculty, that he had instigated the suit of Ruths *versus* Dr. Reuling.

Therefore, *Resolved*, That the Secretary be and is hereby instructed to write to said Journal stating that after a thorough investigation instituted by the Faculty, Dr. Chisolm had been declared by them innocent of the said charges. *Resolved* further that the said Medical Journal be requested to publish this statement as an act of justice to Dr. Chisolm together with the resolutions reported by the Committee of Ethics at the last meeting of the Faculty."

Dr. Johnston, Chairman of the Executive Committee, reported that the Committee had sold the property on Courtland Street for $550.00

A resolution was adopted authorizing the Secretaries of the Faculty to prepare an historical sketch of the Faculty for the use of Col J. Thomas Scarff in the history of Baltimore, which he is now engaged in writing.

Dr. L. McL. Tiffany offered a resolution to the effect that the Executive Committee consider the propriety of this Faculty, and the profession at large, taking appropriate part in the celebration of the one hundred and fiftieth anniversary of this city.

Upon motion the Faculty adjourned.

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BALTIMORE, JULY 15, 1880.

SPECIAL NOTICE.

Subscriptions to this Journal for the year beginning May 1st, 1880, Volumes VII and VIII, are now due, and subscribers are requested to remit the amount to this office during next thirty days.

Any subscriber desiring the Journal discontinued is requested to send a notice to that effect by postal card, otherwise the Journal will be mailed to his address for the coming year.

A large number of sample copies of each issue are mailed to different members of the profession. Any physician receiving a sample copy, and is desirous of trying the Journal for three months can have it mailed to his address for that time by remitting fifty cents.

Correspondence from members of the profession invited.

EDITORIAL.

ONE HUNDRED AND FIFTIETH ANNIVERSARY OF BALTIMORE.—In view of the expressed purpose of the civil authorities of Baltimore to celebrate the one hundred and fiftieth anniversary of the founding of the city, it is eminently proper that the medical profession, of this city, should consider the expediency of taking an appropriate part in this celebration.

It is understood that the legal profession and the authorities of some of our educational institutions have already expressed the desire to be represented. The medical profession has a live interest in presenting before the world its progress side by side with the various institutions and professions in this city. It has nothing it need feel ashamed of, for compared with other classes it has contributed its share to the growth and prosperity of the city. Early in the history of this city a medical school was established, and it contributed largely to the fame of Baltimore as a medical center. From this time-honored institution men have gone out over this entire country, and to-day occupy important places of honor and trust in other communities.

In recent years other institutions of learning have sprung up, and annually attract large classes of young men. During the past winter over five hundred medical students were being educated in Baltimore.

In addition we have springing up in our midst a hospital and medical university which will create a new era of medical progress. The various medical societies of Baltimore are alive with vigorous and active usefulness. The hospitals and institutions for the care of the sick are humanely and carefully managed, and whilst not constructed after the palatial style of similar institutions in other cities, for practical results can show statistics which will compare in their favor. The health of our city, largely due to a wise and competent Health officer and efficient health department, is another cause for congratulation. In fact, the medical interests of Baltimore are so intimately blended with her general prosperity that a celebration would be incomplete which failed to take in the medical profession and its important influence upon her progress.

We trust the members of the profession in Baltimore will duly consider this question, and will use the pages of this *Journal* for suggesting appropriate plans for celebrating the occasion.

The occasion should be made one of general rejoicing, and the profession from this State and other States should be invited to participate in such ceremonies as may be inaugurated.

MEDICAL PROGRESS IN BALTIMORE.—The local medical societies of this city have adjourned their regular meetings until October. As we look back over the past nine months we note with pleasurable pride the excellent work accomplished by these different medical societies during that period, and the marked progress which has attended the medical interests in this city. At no period in the history of the medical profession in Baltimore has so much interest been manifested in medical organizations. Every medical society in the city has re-

ceived a new impulse, and several have enjoyed a degree of prosperity seldom experienced by similar organizations. The increase in membership and in attendance has averaged from 15 to 40 per cent., the former being the average of one of the older societies and the latter that of one of the younger organizations of some five years growth.

This increase in membership and in attendance is not the only characteristic sign of progress; on the contrary, it would scarcely deserve a notice if it had not occasioned a corresponding increase in work of practical value to medical science.

From issue to issue we have published in this journal a faithful record of these society proceedings, and we refer to these to attest the correctness of our statement. Judging from the work which was done by the profession during the past nine months we feel privileged to speak with confidence as regards the future of the medical interests in this city.

The good work which has begun is one which will continue. It has resulted from causes which are likely to be in operation in future. This interest extends generally, and embraces a large number of energetic, active and thoroughly competent physicians. Again the profession has been stimulated to work by the very necessities of its position. We have looming up in our city institutions which will give encouragement to individual effort, and support to men engaged in scientific study and original investigations. No such opportunities have ever before been offered to the profession here. The profession has necessarily been engaged in close attentions to the demands of practice. It has mainly derived its support from work of this character, and it has not had the time nor the opportunity to carry out lines of investigation which have to be pursued under special facilities for study.

In respect to the habit of observation, or of close attention to the details of practice, as regards the accomplishment of good results, for general culture in science or literature the profession of this city compares favorably with any similar body of men in any of our sister cities. If our medical literature has not been as abundant, or as rich in original thought as may be found in other cities, it has been of a truly practical character —such as reflected the experience and observation of those who were actively engaged in a hand to hand contest with disease.

With the growth of new institutions a different direction will be given to medical work. Already we see springing up a disposition to engage in original investigation, a departure in the direction of speculative medicine; more faithful records are being kept of symptoms and results. The profession begins to recognize the value of publishing observations, and the habit of closer study and watchfulness is thus enforced.

Again, there has been an awakening of the various medical interests; a recognition of the importance of preserving the dignity of professional relations. Harmony and good feeling between rival elements and interests have been strengthened. Upon the whole, the profession has made marked progress, and has entered upon a career of increased usefulness and honor.

COUNTY MEDICAL SOCIETIES.—We give considerable space in this number to the Report of the Union Meeting of the County Medical Societies at Columbia, Pa. This report has been carefully prepared for this *Journal* by Dr. Forwood, and its perusal will well repay the reader. Too much encouragement can not be given, by the Medical Press, to such meetings. They accomplish great good and develope work among members of the profession, whose large experience should be made the common property of the entire profession. Physicians practicing in rural districts early acquire the habit of self-reliance. Having to depend, in large measure, upon their own resources they are often forced to devise measures which result in great practical good. Many useful instruments have been constructed by such practitioners. Sims' Speculum came forth perfect and complete from the brain of a country practitioner. Its great value to Gynecological science is fully established Not only in fertility of resources do our country brethren excel, but as painstaking, diligent observers; as cautious and untiring workers they nobly contribute to the honor and dignity of our science. The course adopted by the Lan-

caster Co. and adjoining Medical Societies is worthy of great encouragement. We trust the profession in other counties and other States will adopt their wise example.

REVIEWS & BOOK NOTICES

NOTES ON CURRENT MEDICAL LITERATURE.

"THE Anatomy and Pathology of Two Important Glands of the Female Urethra." By Alex. J. C. Skene, M D. (Reprint.)

This pamphlet calls attention to an anatomical discovery, made by the author, which has a very important bearing upon the treatment of diseases of the female urethra. The pamphlet is eminently instructive, and should be generally read. We commend it as a valuable contribution to the literature of gynecology.

"THE Therapeutic Value of the Iodide of Ethyl," is a pamphlet sent to us with the compliments of the author, Dr. Robt. W. Lawrence, of Boston. This paper first appeared in the *New York Medical Record* of June 19th, 1880.

This agent the author believes has a very positive therapeutic value and is a safe, prompt and efficient remedy in many forms of dyspnœa.

"THE Bromide of Ethyl as an Anæsthetic." By J. Marion Sims, M. D., L.L. D. Read before the New York Academy of Medicine, March 18, 1880.

This pamphlet possesses great interest and value in view of the importance of the subject discussed, and the well established reputation of the author It will be remembered by some of our readers that Dr. Sims reported the first case of death from this anæsthetic The history of this case is here related. The pamphlet possesses additional value from the fact that the discussion following the reading of this paper was participated in by Dr. R. J. Levis, of Philadelphia, the advocate of this anæsthetic, and by such other well known gentlemen as Drs. Squibb, Dalton, Post, Piffard, Little and Wylie, of New York, and Dr. Roberts, of Philadelphia. The pamphlet is an exceedingly valuable presentation of this subject.

BOOK NOTICES.

Sea Air and Sea Bathing. By JOHN H. PACKARD, M. D., Philadelphia. Presley Blakiston, Publisher, Philadelphia, 1880. Price 50 cts.

This little volume treats of a subject of very general interest and importance at this season of the year. It is intended to explain how and why people derive benefit from Sea-air and Sea-bathing; to show in what way these advantages may be best obtained, and to point out how the accompanying risks may be avoided. There are many persons who resort to the sea-shore for pleasure or recreation; a smaller number seek it for its sanitary effects upon themselves or upon their children. To both of these classes the author's experience will prove useful. Medical men have frequent occasion to prescribe for invalid patients a visit to some resort. Without a special acquaintance with the sanitary effects of the sea-side, they often recommend it as a suitable place for all cases. To such we commend this volume.

Post-Mortem Examination. By PROFESSOR RUDOLPH VIRCHOW, of the Berlin Charité Hospital. Translated by Dr. F. P. Smith. Presley Blakiston, Philadelphia, 1880.

The author of this treatise is so well known for his eminent ability as a man of science, as a pathologist and teacher, that a volume bearing his name on the title page will assuredly attract professional attention. In this book we have this great man's experience as a prosector in the dead-house of the Berlin Charité Hospital, and his subsequent observations as regards a systematic method of conducting post-mortem examinations. The volume gives the author's method of performing post-mortem examinations, discussing not only the different steps and manipulations necessary to the proper mechanical execution of the task, but the pathological observations to be recorded, and the medico-legal requirements which may be involved in any given case.

In view of the very great importance of the subject and the imperfect knowledge which is possessed, by many, in reference to the proper performance of an autopsy, whether it be conducted for

scientific interest or to satisfy legal requirements, this book, should find its way into every physician's library.

MISCELLANY.

CURE FOR VOMITING OF PREGNANCY.—Dilatation of the cervical canal for the vomiting of pregnancy is now regarded not only an efficient means of treatment, but reasonably safe. The dilatation should not, however, be carried to the interior of the uterine cavity, but should rather be confined to the lower portion of the constricted part of the cervical canal, and even here need not be extensive. It may be accomplished with the index finger, which should be gently carried through the external os with the rotating movement, until one-half of the first phalanx has been introduced. This may be easily accomplished with the multipara, but with the primipara it will generally be necessary to enlarge the os by previous dilatation, until room enough has been gained to admit the finger. The statistics of the method of treatment are not sufficiently large to warrant us in saying that it is wholly unattended with danger of abortion, but from records of several cases, since 1875, it may be said that it is a safe and sure remedy. It was discovered by Copeman in 1875, when he dilated for the purpose of producing an abortion for the relief of vomiting, and instead of causing the abortion he cured the vomiting.—*Chicago Medical Gazette.*

CASES OF ABNORMALLY HIGH TEMPERATURE.—The *Pacific Med. and Surg. Journal* makes the following condensed extract from the *British Medical Journal*, in which Dr. Donkin reports eight cases of abnormally high temperature, all but one in females, and none proving fatal. Pain was a prominent symptom in all: No. 1, 111.6°; convalescing from enteric fever. No 2, 108°; no organic lesions; ovarian pain. No. 3, 115 8°; great abdominal pain and excitement. No. 4, 111°; convalescing from enteric fever. No. 5, 113°; enteric fever and double pneumonia. No. 6, 112°; synovitis. This was the only male. No. 7. 112°; painful stump, with necrosis. No. 8. 117°; pyonephrosis.

DR. ROBERT FULTON, aged 77 years, died recently, at his residence, No. 418 Eutaw Place, Baltimore, of a complication of diseases. For several years he had not been engaged in active practice on account of his health. Dr. Fulton was born in Frederick county, Maryland. in April, 1803. He studied medicine in Frederick with Dr. John Baltzell, attended the first course of lectures delivered in Jefferson College. Philadelphia, and graduated at the University of Maryland in 1827.

DR. ROBT. FARQUHARSON, author of the well-known "Guide to Therapeutics," has been returned to the new Parliament from West Aberdeenshire.

THE Louisville *Medical News* says: "One of the non-professional speakers at the Lexington banquet,who had served much in the Legislature, made the very acute observation that one of the reasons why doctors sometimes failed to get what they wished out of the law was because they did always agree upon what they wished."

THE second annual meeting of the American Laryngological Association was held in New York city, May 31, June 1 and 2. A large number of valuable papers were read and discussed. A full report of the proceedings will be found in the *Laryngological Journal.*

FISH Bones lodging in the pharynx are rendered flexible, and are finally broken up by a mixture of four parts hydrochloric, or one part nitric acid, to two hundred and forty of water, used as a gargle, the teeth being protected by oil or lard. (Prof. Voltoline in Monatschrtft, f. Ohrenheilkunda.—*Med. Review.*

A CASE OF EARLY PREGNANCY.—Mr. May reports in the *Lancet* the case of a girl of 13, who had menstruated regularly for about a year, who gave birth to a healthy male infant after a remarkably easy labor.

DR. JOSEPH BEHRENS, JR., resident physician of the Philadelphia Hospital, died recently, after four days' illness, from blood poisoning, the result of inoculation from a surgical operation.

DR. J. H. POOLEY has resigned the chair of surgery at Starling Medical College.

Medical Practitioners in France. The proportion of medical practitioners to the population has been declining in France as well as in England and Wales, of late years In France in 1846, there were 51 medical practitioners to each 100,000 of the population; In 1866, this proportion had declined to 48, and in 1876 to 40. This decline is chiefly among the "officers de santé." The cause of this decline in France is ascribed to the law which prevents the doctor from dispensing his own medicines. The professions of medicine and pharmacy are kept entirely distinct, to the great inconvenience, often, of medical men and the public.—(*Med. Record.*)

Trophic Disturbances consecutive to Fracture of the Upper End of the Fibula. At a recent meeting of the Société de Chirurgie (*La France Med.*, 1880, p. 212) M. Ferrier spoke of a case coming under his observation, where fracture of the upper end of the fibula had occurred from direct violence. After the first effect of the injury had passed off, pain in the side of foot still remained, with persistent anæsthesia in the distribution of the musculo-cutaneous. At the end of eight days marked œdema of the dorsal surface of the foot also appeared, with severe pain throughout that member. When the foot was touched the sensation was that of a red-hot iron. This condition lasted a considerable time; the skin became glossy; small vesicles formed. The patient employed hopodermic injections, which gave rise to numerous abscesses. Finally, although the fracture became completely cured, and the patient could walk without difficulty, the trophic-trouble persisted.

M. Verneuil and others related similar cases.—(*Med Times.*)

Dr. John R. Uhler, of this city, sends us the following letter, which will, we trust, correct the unintentional injustice we have done him in the report of his paper.

"In the abstract that you publish of my paper read before the American Medical Association, I find so many inaccuracies, that I am constrained to ask for a little space for their correction. In the first place I did not describe *one*, but *four* different plans for the clinical estimation of urea, and in the quotation from Dr. Roberts, I stated that milk and oysters were the only two *animal* foods that physiology taught were proper to be eaten in the raw state. Hardened gypsum was not pulled from the fresh mucus membrane of the stomach but the membrane, secretions, glands, &c., were scraped from the stomach into plaster of Paris contained in a mortar and after intimate mixture and solidification the whole was powdered and when the pepsin was needed it was dissolved out by water, leaving most of the insoluble sulphate of lime behind. No opinion was expressed as to its keeping qualities as that question is now being tested. Iron was described as affording part of the *material* for the formation of red blood globules and digitalis as a supplier of the *energy* to help the heart to make them by its circular or spiral contraction imparted to the white cell corpuscles and fluids that issue from it."

Veratrum Viride as an Antidote to Opium Inebriety —Dr. J. S. Haldeman claims that as veratrum viride is a direct antidote to acute opium-poisoning, it will also act antagonistically in chronic opium-poisoning. Some cases illustrative of this are referred to.—*Lancet and Clinic.*

Mr. Christopher Heath has recently been elected president of the Board of Examiners of the Royal College of Surgeons of England.

Liniments for Ringworm.—A writer in the *British Medical Journal* gives the formula for Coster's paste, thus:

℞ Iodine pigment, 2 drachms.
Oil of cade or oil of juniper tar 1 ounce.
Mix. For an embrocation.

He finds the following formula, however, most effectual:

℞. Iodine pigment, 4 drachms.
Creasote, 4 "
Oil of cade, 4 "
Mix.

This, he says, in cases of early ringworm, is an effectual remedy if well brushed into the roots of the hair. The addition of a quantity of iodine makes the preparation more valuable.

The *iodine pigment* of the British writers is made by dissolving one drachm

of iodine in one ounce of alcohol, and allowing the solution to stand in a glass-stoppered bottle for several months before it is used, when it will become thick and syrupy.

THE Annual Meeting of the American Society of Microscopists will be held at Detroit, August 17, 1880.

J. Y. DALE, M. D., of Lemont, Pa., writes to Boston *Medical and Surgical Journal* that he has found nitrate of uranium, given in from one to two-grain doses, three times daily to be an efficacious remedy in diabetes.

DR. GEORGE JOHNSON, says in the *London Lancet:* "From what I have seen of the effects of cold bathing, I have arrived at the conclusion that more people are injured than are benefitted by the practice; and I am confident that if the urine of all men, women, and children who paddle about in the sea until they are blue and cold were tested within a few hours after their immersion it would be found to be more or less albuminous in a large proportion of cases."

VIRCHOW has been returned to the German Parliament for the second electoral district of Berlin, as the candidate of the United Liberals. As is well known, he has already for several years occupied a prominent position in the German legislative body.

IMPROVED NITRATE OF SILVER CAUSTIC.—Dr. Sawostizki called the attention of the Moscow Surgical Society to an improvement in the preparation of sticks of nitrate of silver. It consists in melting together five parts of nitrate of silver with one part of nitrate of lead, forming an argentum plumbo-nitricum. Sticks formed of this are preferable to those of the ordinary nitrate, as they are not easily broken, and can be pointed just like a lead pencil.

THE New York *Record* is responsible for this: "What is the difference between a man and a woman? Answer. Vas deferens."

A LITTLE bicarbonate of soda, added to the water in which the hands are washed after applying plaster-of-paris bandages, immediately removes the plaster.—*Western Lancet.*

THE possible results of Battey's operation on the health, wealth and happiness of humanity are great beyond the conception of the present generation. McDowell, the obscure Kentuckian, was a great benefactor, but his greatness consisted in the removal of the diseased ovary, and will pale as the light of the glow-worm in the effulgence of the sun, before the possible fame which is in store for Battey, the modest practitioner in the obscure Georgian hamlet!

But the mention of spaying, or rather oophorectomy, the more euphonious synonym, leads us to enquire why this blessing should be confined to the women. Has not man sexual glands which lead him into difficulties, local, constitutional and social, scarcely less grievous to be borne than those which woman suffers because of her ovaries? And yet the voice of neither Battey, or Sims, nor Trenholme nor Pallen has a word for him. He is allowed to suffer untold miseries which the slight and dangerless operation of castration would relieve him from. Who is there that will arise and be the first to remove the human testicle and thus divide the honors with him who first removed the human ovary? Here is an opportunity for fame.—(*Lancet and Clinic.*)

DR. T. C. MINOR, late health officer of Cincinnati, is the author of a popular novel—"Her Ladyship"—depicting Southern life since the war.

DR. HOWARD, of London, England (*Brit. Med Jour.*), proposes an anatomical and most effectual way of removing obstruction to respiration in threatened apnœa from anæsthetics or other causes. The position consists in elevating the thorax and complete extension backward of the head and neck The line of gravitation of the tongue is thus shifted from the back of the pharynx to the hard palate at or about its juncture with the soft palate and at the same time the epiglottis is made vertical. The velum is made tense by the palato-pharyngic muscles and in this way a post-oval air way to the nares is secured.—*Med. Investigator.*

THE honorary degree of D.C.L., Oxon., has been conferred upon Professor Lister, of London, Eng.

THERE is a young lady, a doctor of medicine, living in New York who has established a dispensary where for the sum of twenty-five cents, her services are rendered to women and children.

MELLIN'S INFANTS' FOOD.—During the Summer months infants in large cities die in large numbers from diseases induced as much by improper diet as any other cause. It is very important in managing such cases to look carefully into the question of diet, and to trace up the true cause of infant mortality.

Large numbers of infants are bottle fed, and it is a noteworthy fact that cow's milk during warm weather is full of impurities, especially from the fact that it has to be transported great distances and is kept subjected to a very high temperature.

It is very important in bottle-fed children to ascertain the condition of the milk, and to recommend a nutritious substitute for it, when it is known to be prejudicial tonourishment.

During recent years attempts have been made to give a prepared food which would act as a substitute for milk. Liebig first directed attention to this subject, and after experiment produced a formula which has been accepted as perfect. This formula is now used in the preparation of Mellin's Infants' Food. Physicians desiring a food which will insure life and health to the little ones, cannot do better than try this preparation.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF MEDICAL OFFICERS OF THE MARINE HOSPITAL SERVICE OF THE UNITED STATES, APRIL 1, 1880 TO JUNE 30, 1880.—*P. H. Bailhache*, Surgeon. Detailed as chairman of board for the physical examination of officers of the Revenue Marine Service. April 28, 1880.

Detailed as chairman of board for the physical examination ot candidates for appointment as cadets in the Revenue Marine Service. May 21, 1880. Detailed as medical officer Revenue Bark "Chase" during practice cruise. June 1, 1880.

T. W. Miller, Surgeon. Detailed as chairman of Board of Examiners to convene in New York, June 21, 1880. June 4, 1880.

W. H. Long, Surgeon. Granted leave of absence for ten days from April 15, 1880. April 14, 1880.

Detailed as member of board to select a site for a Marine Hospital at Memphis, Tennessee· May 12, 1880.

C. S. D. Fessenden, Surgeon. Detailed as member Board of Examiners to convene in New York, June 21, 1880. June 4, 1880. Granted leave of absence for eight days from June 13, 1880. June 9, 1880.

H. W. Sawtelle, Surgeon. Detailed as recorder of board to select a site for a Marine Hospital at Memphis, Tennessee. May 12, 1880.

E. J. Doering, Surgeon. Detailed as recorder Board of Examiners to convene in New York, June 21, 1880. June 4, 1880.

J. C. Fisher, Passed Assistant Surgeon. Granted leave of absence for thirty days from May 6, 1880. April 21, 1880.

Detailed as recorder of Board for the physical examination of officers of the Revenue Marine Service. April 28, 1880.

John Godfrey, Assistant Surgeon. To report to Board of Examiners for examination for promotion. June 4, 1880.

F. H. Brown, Assistant Surgeon. To act as inspector of unserviceable hospital property at Boston, Massachusetts. April 13, 1880. To report to Board of Examiners for examination for promotion. June 4, 1880.

C. B. Goldsborough, Assistant Surgeon. Detailed as recorder of Board for the physical examination of candidates for appointment as cadets in the Revenue Marine Service. May 21, 1880.

H. M. Keyes, Assistant Surgeon. To act as inspector of unserviceable hospital property at St. Louis Missouri. April 13, 1880.

F. W. Meade, Assistant Surgeon. To act as inspector of unserviceable hospital property at San Francisco, California. April 19, 1880.

F. D. Porter, Assistant Surgeon. Granted leave of absence for fourteen days from July 2, 1880. June 29, 1880.

PROMOTION.

J. C. Fisher, Passed Assistant Surgeon. Promoted to be Passed Assistant Surgeon. April 2, 1880.

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THOMAS A. ASHBY, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

ORIGINAL PAPERS.

OBSERVATIONS ON STRANGULATED HERNIA.

BY L. MC LANE TIFFANY, M. D.

Professor of Operative Surgery University of Maryland.

Although hernia is more frequent in youth than in middle life, yet strangulation occurs exceptionally in early years, and the cause for this difference is probably to be sought for in the softness and elasticity of adolescent tissues.

There is a general idea also that operative surgery and advancing years are ill-mated companions, and that while children are submitted to operation without hesitation, the same measure upon the aged would be undertaken after mature deliberation only.

It is an accepted fact, and it is fortunately the truth, that the mortality attending herniotomy bears direct relation with the tightness of the constriction and the time of its duration; I am inclined, moreover, to believe that the operation, other things being equal, is perhaps more successful in advanced than in early life.

Operations accompanied by much shock *i. e.*, amputation, or requiring great reparative power, *i. e.*, excision, are not well borne by the aged, but on the other hand, herniotomy is an operation to relieve a condition inducing collapse in which the chief danger results from inflammation, not shock, subsequent to operation. Acute sthenic inflammation is not so easily excited in elderly persons as in young ones; in them there is a general tendency towards inflammation of a subacute type, or, indeed, an indisposition to take on inflammatory processes at all. Another reason adverse to the occurrence of diffuse inflammation is that in the aged strangulation rarely, if ever, takes place on the first descent of the bowel, the hernia is formed slowly, the patient has become familiar with its presence, and only after some exertion forcing more of the abdominal contents than usual through the ring does reduction become impossible. I cannot avoid thinking that this pressure and rubbing may somewhat change the character of the serous membrane forming the sack so as to render it less liable to set up general inflammation of the peritoneum, so modify it that an inflammatory process commencing it remains local.

J. P., male, aged 62 years, looking, however, older, spare, had a right femoral hernia of four years duration. The hernia had never caused much inconvenience; descent not very often; reduction always easy; a truss had been occasionally worn. Two days before I saw J. P., the hernia descended while

straining at the stool, very great pain was at once complained of. The usual means were resorted to by the family physician to effect reduction, but fruitlessly. Forty hours after descent of hernia I saw the patient in consultation, general condition was favorable, no fever, vomiting at long intervals, but the abdomen was somewhat swollen. The tumor was in the usual situation, right side about as large as a hen's egg. Failing to effect reduction I operated, no anæsthetic was used. The sack contained no fluid, a piece of omentum six inches long and an inconsiderable knuckle of small bowel; this latter was completely concealed and overlaid by the omentum. Gimbernats' ligament was divided and the rupture returned. After reduction as much as a pint of serous fluid escaped from the peritoneal cavity and the abdominal walls became more flaccid. The wound was sewn up, except the lower angle, which was allowed to remain open for escape of discharge, a pad of dry linen and spica bandage were adjusted and opium given to the extent of slight but decided narcotism. Recovery was uninterrupted. The quantity (daily) of opium was diminished progressively. The bowels were moved spontaineously on the sixth (6) day after operation.

Mrs. B., aged 75 years, of moderate statue, for many years had had a lump in the left groin, which disappeared when she laid down. Three days before coming under observation, while making a strong effort to lift a child, the lump re appeared suddenly, being accompanied by a violent pain. For two days she tried various purgatives, etc., and not until the third day did she consult the family physician; nausea and vomiting were then pronounced symptoms. A strangulated femoral hernia, left side, was at once recognized; an effort made at reduction; this failing, I was called to see the patient. After three days of strangulation I judged much handling injudicious and operated at once.

The sack contained no fluid, a piece of omentum three by four (3 by 4) inches, and a small knuckle of intestine, this latter very dark, but shiny and elastic. Gimbernat's ligament was divided and the bowel returned, but the omentum could not be moved, having become adherent at the line of constriction, it was therefore left with the expectation that sloughing would occur. The wound was partially closed, carbolized oil used for dressing and opium Q. S. to obtain quiet for the intestines. The omentum came away in one week, on the eigth (8) day the bowels were moved spontaineously, the wound healed rapidly by granulation and recovery followed. Oedema to a certain extent appeared in the leg during healing, presumably from interference with the circulation through the femoral vein.

Peritonitis is the most frequent cause of death after herniotomy, and while absence of general peritoneal inflammation may be ascribed to advanced years in the cases reported, yet the sensibility of the peritoneal sack may have become somewhat blunted by friction having been often forced through the femoral canal, its vascular relations also will have become changed being thrust from its usual position. The supposition has been advanced that the presence of a large ovarian tumor by pressure, etc., renders the peritoneum somewhat tolerant of interference and the same effect may be induced by a frequently protruding viscus upon the sack thrust before it.

In both cases reported the hernial sack contained no fluid, only omentum and bowel, notwithstanding that strangulation had existed in case 1 for forty hours, in case 2 for more than two days; a dry sack is not uncommon in a very recently strangulated hernia, but that after two days such was the condition indicates some modification of the serous membrane, a non-excitability. The idea perhaps is still further strengthened by the presence of effusion within the general peritoneal cavity, case 1, which found an exit when the constricting band was was divided. It has never been my fortune to find a dry sack when performing herniotomy except in the cases recorded, they are the oldest patients upon whom I have operated.

J. B., male, negro, aged 40 years, very strong and robust, teamster, had had since birth a reducible hernia in the left inguinal region. The hernia never descended into the scrotum, and caused but little inconvenience, not enough to induce J, B. to wear a truss.

Four days before being seen by me, J. B., while lifting heavy stone, felt the

rupture to descend with great pain. He was unable to reduce it. His family physician was called the following day and vainly attempted to reduce the rupture by taxis. No symptoms of strangulation were urgent, bowels moved twice during the night. The following day under chloroform an unavailing effort at reduction was made. Symptoms of strangulation becoming apparent, pain and nausea, etc. I saw the patient in consultation and found a very elastic swelling extending from the internal ring to the bottom of the scrotum, evidently a sack containing fluid; no resonance at any part of the tumor. Failing to reduce I operated. The operation was done in the usual manner, I came upon the sack, opened it, evacuated four or five ounces of clear serum and found no gut or omentum. Examination revealed a serous membrane closed towards the abdomen and covering the testicle towards the lower end of the scrotum. I had opened a hydrocele.

Behind the tunica vaginalis was a small fluctuating elastic swelling; I evidently had to do with a hernia descending along the funicular vaginal process. I continued cutting directly backward, came upon a sack of fluid, opened it, evacuated about three ounces of clear serum, and no viscus appeared. This sack was of serous membrane.

There was now no swelling in the groin nor did examination through the skin reveal any. I passed a finger into the second sack and upwards towards the abdomen, recognized the external ring and opposite the internal ring found a bit of viscus caught. To the finger the sensation was as of omentum, but of course there may have been bowel as well. The protrusion was not larger than the end of a thumb, and by direct pressure with the finger along the canal reduction was effected without cutting. A drainage tube was laid in the second sack, and light dressings applied. Recovery took place without notably occurrence.

Birkett in Holmes' Surgery has well described the various conditions which the vaginal process of peritoneum gives rise to, according as obliteration may occur at one or another part of its track and no condition is more interesting than the one found in J. B. Here the tunica vaginalis was properly formed, being separated from the general peritoneal cavity, but the funicular vaginal process remained patient, constricted however, at the internal ring, and it was at this point that strangulation occurred. The congenital peritoneal protrusion extended to the testicle, and of course contained fluid as related.

THE CAUSE OF DISEASE.

BY J. T. SMITH, M. D., BALTIMORE.

(*Read before the Baltimore Medical Association, at the Meeting Held April 26th*, 1880.)

The cause of disease is one of the most interesting, as well as one of the most difficult problems that has engaged the attention of physicians from the very commencement of Medical Science, and yet in this age with its boasted learning and civilization, how few diseases there are which have been assigned a fixed and permanent place in those lists in which diseases are classified according to their etiology; of how few diseases we can say with anything like an approximation to truth, this or that is its cause. Thus far the special agent or agents which give rise to any known diseases have almost uniformly escaped the scrutiny of the microscope, and of the balance or the subtle influence of chemical tests, and so we grope in the dark with a vast unexplored field stretching out before us, in which we, or possibly those who come after us, hope to reap some good fruit. This lack of knowledge on our part has not been because we have not had earnest and diligent workers in the field, for where will you find men in any department of human industry more in earnest than Bowditch, Abernethy, Watson, Billroth, Meigs and others whose name is lesion, all with one accord, straining to find out the cause of disease as it lurks in the atmosphere we breathe, the food we eat or the water we drink; no, obviously the fault is not here; where is it then? Why is it that we know so little of the positive agent in each and every disease? I think the fault is to be found on one or both of two things, either we do not yet possess means and instruments sufficiently subtle to detect agents which now readily elude us (and

this is probably the most likely cause) or we have not yet learned to manipulate with sufficient skill those we already possess. As an example of what is meant; remember how long physicians after the discovery of the cinchona barks were accustumed to give their patients the bark, coarsely powdered in heaping spoonsfuls; now such a mode of administration would not be tolerated, and all this, not because we have found out new qualities in the bark, but because we have learned how to apply already known chemical actions, so as to get from the bark its active principles. Who can estimate the advance this has been in our treatment of certain diseases; nothing new was here discovered, simply a new way of using old things; just so it is not improbable that we may be able to find out the cause of some disease or diseases now unknown.

How from the earliest dawn of medicine, writers have labored, and still do labor to point out the cause of disease, for they well know that this placed upon the strong rack of truth, is more than half the battle gained with respect to its prevention or cure; in other words, i we know beyond dispute the cause of any diseases we have the vantage ground and can fight with infinitely greater success than without such knowledge.

How investigation into the cause of diseases elevates and broadens one's views. Here is a subject in which, if you are in earnest, you cannot afford to be selfish, and confine yourself to a few paths in which you take peculiar pleasure. No, you must throw yourself out in contact with the world with each and every part of it, Chemistry, Physics, Botany, Geology, Law, Theology, all will come in for a share of your attention and if you shut your eyes to any department of human thought or industry, you may fail in that which you are most anxious to discover. Law may be the cause of disease, as Dickens has so well and forcibly depicted in those concerned in tha great Jarndyce suit, if then you had no appreciation of law or its influences upon those interested, how could you treat such an one as poor Miss Flite.

It is curious and at the same time painful, to read an account of the causes of some of our most common diseases, for we are forced to acknowledge how little we know about them and our treatment of such must of necessity be empirical.

We have but few, if any, diseases in or about this city which are so constant as that class known as Malarial Fevers and, if one could judge by their frequency and the fact that they are confined chiefly to certain localities, we would think their cause or causes might be made out, at least, with some degree of certainty but listen to the words of those who are able to speak upon the subject and hear what they say: Tanner says "the exciting cause consists of certain emanations or invisible effluvias from the surface of the earth known as malaria. These effluvia or miasms emanate chiefly from marshy lands; but there is still a mystery." Watson in his work, published twelve years previous to the one just cited, says: "The effluvia which thus form the sole exciting cause of intermittent and remittent fevers proceed from the surface of the earth and are probably gaseous or aëriform; at any rate they are involved in the atmosphere. Of their physical or chemical qualities we really know nothing. We are made aware of their existence only by their noxious effects." With what ease one account might be substituted for the other, only the germ theorists (for it is but theory) have thrown doubt upon a point that Watson evidently thought pretty well settled, namely that the effluvia were some gaseous product. Even within the past year or two what conflicting views we find among writers as to the cause of malarial fevers, thus showing that not yet have we arrived at anything like certainty in regard to the cause of one of our most common diseases. Dr. Sullivan in *Medical Times and Gazette* for October 1878, says: "Pauchet, of Rouen, is so firm a believer in the notion of a spontaneous generation that he considers the germ theory to be inconsistent with the idea of a creative wisdom" and in the next paragraph the same writer says: "A prominent member of our Profession not only disbelieves in the agency of living propagating germs, but also in their very existence." Hear again this from H. Narbury in *Lancet* of October 5, 1878. "A considerable amount of scepticism seems to be rife at the present as to the actual ex-

istence of malarias as a specific poison, indeed, a work was published no long time since which claims to have proved the non-existence of malarias as a producer of intermittent fever and attributing the phenomena to the effect of chills or the rapid abstraction of heat;" and thus we might consume days in simply going over the various causes given by writers as those which are the active agents in the production of the diseases above mentioned, but the few quotations made will suffice to show how very little is known as to the cause of malarial fevers; at the same time if one will read over the literature of this single subject, the cause of malarial fevers, he cannot fail to be impressed with the zeal and earnest work that has been given to the solution of this problem and though we seem to be no nearer the truth than those old men long since dead, who freely confessed their ignorance of the whole subject, still work is going on in the right direction and for all we know its reward may not be distant.

We find a disease whose symptoms almost defy enumeration, a disease that physicians meet with in all quarters of the globe and yet of its ultimate cause we know but little I refer to Anæmia. Dunglison says: "The essential character of the blood in anæmia is a diminution in the ratio of red corpuscles." If we ask how is this brought about and turn to those who are authorized to speak upon the subject, we find Flint speaks as follows: "The causes of anæmia when it exists independently of the various affections with which it is associated are frequently obvious, but are sometimes not always apparent"; Chambers says: "The word (that is anæmia) literally means bloodlessness, but in reality relates rather to deficient quality than deficient quantity;" and thus we might extend quotations, but this will suffice to show us that the phenomena of anæmia are produced by deficiency of the red globules of the blood, and here we must stop, for we as yet know but little of how the corpuscles are formed or when worn out how they are broken up and destroyed; even at this day men of great ability are engaged in discussions as to what organ or organs influence these little bodies, the spleen as all know being thought most likely to exert some influence upon them, but this is far from proved. Foster in his Physiology published in 1879, says: "It is probable, therefore, that the spleen is the grave of many of the red corpuscles. Thus, though no one has yet succeeded in producing bilirubin artificially from hæmoglobin, facts point very strongly to the view that the red corpuscles are used up to supply bile pigment." Speaking of the origin of the red corpuscles, the same author says: "From these several facts it is concluded that the red corpuscles take origin from colored nucleated corpuscles similar to, if not identical with, the ordinary white corpuscles." The whole subject is thus you see still in doubt.

Epilepsy than which alas! we have few more common nervous diseases amongst us, has thus far baffled all our attempts to pry into its secret springs; how strange that so many absolutely different causes should bring about the same result, obviously a common exciting cause must exist in each case, but what that is we know not.

Turn with me to the long list of specific poisons conveyed by pus, in itself comparatively harmless, but when taken from the urethra under certain conditions how rapidly and violently destructive it becomes, and yet we can detect no difference in two specimens of pus one from a healthy granulating wound and one from a urethra affected with gonorrhæa, but how strikingly different are their results when applied to the eye for instance; and so the subtle power that lurks in the vaccine virus is inscrutable to us, we take its effect, but the cause we know not of.

We are loathe to confess our ignorance upon any subject and so we many times hide that of which we have no knowledge under specious names, but at times it is forced upon us and we must confess. Probably upon no subject are we more profoundly ignorant than that which relates to the cause of gonorrhœl rheumatism. Bumstead one of our best modern writers upon the subject says of its cause, "It will be seen from the above remarks how imperfect is our knowledge of the etiology of this disease and it would be useless to enter into any further speculations upon the subject" and Keyes in his last work is much more

emphatic in confessing ignorances of the whole matter; many say its exciting cause is due to pyæmia, but when you ask—what is pyæmia? Billroth, than whom probably we can find no higher authority answers, "pyæmia is a disease which we suppose to be due to the absorption of pus or its constituents into the blood," thus we have gone but a step further in our ignorances.

The Zymotic diseases, what a vast field of uncertain or positively unknown causes are here opened up, all recognize the effect, but how little of the cause do we know? Thus of scarlet fever, Meigs and Pepper say: "It has been abundantly proved by long and reiterated observation that scarlatina is propagated by two causes. contagion and epidermic influences * * * The contagious character of scarlatina has been doubted by some few persons," and this is all we can get from them, how clearly this explains for us the cause of a by no means infrequent disease, we will leave you to judge; again of the cause of Rubeola, Smith says, "rubeola, like other exanthematic fevers is due to a materies morbi, the exact nature of which is unknown."

We would be glad to extend an enumeration only just begun, but time will not allow us to go any further.

We have brought this subject to your attention this evening, not in any spirit of fault finding, nor merely for the purpose of showing how little we really know of subjects of the most vital importance, but that such knowledge may stimulate us to work in this direction as many noble men have been stimulated, for it is only when we fully realize how much is still unknown that we are roused to exertion, and are brought to a sense of the fact that the path of medical knowledge is not marked out straight before us.

RUSH MEDICAL COLLEGE, Chicago, after March 1, 1883, will require an examination for matriculation. The examination is to include arithmetic to cube root, natural sciences and English composition.

PLACENTA PRÆVIA.

W. F. A. KEMP, M. D., OF BALTIMORE.

'Tis fortunate for the accoucheur that cases of placenta prævia are of rare occurrence, for, in such cases, the responsibility of the attendant becomes very great. The cause of anxiety lies in this, that the life of one certainly is in jeopardy, if perchance risk does not pertain to both the mother and child. The causes of placental presentation are clothed in obscurity. Many theories and conjectures have been held as to its cause. The prevalent idea entertained by the ancients, was, that the placenta was originally attached at its usual site, and that it fell down to the lower part of the uterus, after it had been entirely separated. Many circumstances were alledged as causes of this separation; some fanciful, some improbable, as seen by more recent investigation and study of placental growth and development. Opinions concerning the decidua, have undergone material change within the last few years; the opinion of Hunter, which prevailed for many years, is not held by a large number of obstetricians to day. Hunter propounded the theory that the interior of the uterus, from the congestion and excitement coincident with impregnation, was lined by a new exudation, of the nature of coagulable lymph, which closed the orifices of the Fallopian tubes. The ovum, on its arrival at the uterine cavity, was supposed to push this membrane before it, the decidua eventually appearing in two parts, the decidua vera, and decidua reflexa. Modern physiologists entertain a view essentially differing from this. This later opinion is based upon the presumption, that the ovum, on its arrival in the uterine cavity becomes arrested in one of the sulci between the convolutions into which the mucous membrane is thrown, and forms adhesions, at the point where the placenta is subsequently attached. This opinion is

held, from observations made in women who have died during menstruation, in whom the mucous membrane lining the interior of the uterus was seen to be greatly hypertrophied and congested, and consequently thrown into convolutions.

This later view of the decidua's formation, is to our mind the accepted explanation. It may so happen that the ovum is not impregnated until it has reached that part of the uterine cavity, which is at, or just within the internal os, which is not an unlikely occurrence, and therefore may be a fruitful cause of placental presentation. In an interesting paper by Dr Chas. Bell, published in the *Edinburg Medical Journal*, June, 1878, reference is made to two cases which bear upon this proposition. The cases are these, "Dr. Edw. Home states that the ovum in passing from ovaries to uterus, passes directly into the womb, there having been no apparent decidua cov ering the entrance of the Fallopian tube, and the ovum was found concealed among the long fibres of coagulable lymph, near the cervix. A similar case is reported by Dr. Lee, who informs us, that in the body of a woman, who had poisoned herself in the third month of pregnancy, he found both Fallopian tubes pervious, the ovum being attached by the placenta, to the inferior segment of the uterus. It was obvious that it could not have pressed before it the decidua reflexa, in the manner usually represented."

Dr. Doherty, in a paper read before the Dublin Obstetrical Society in 1845, said, "the occurrence of full placental presentation, where that substance springs from the whole disk of the womb, is, I believe, referable to deficiency in the decidua, (which should naturally extend across the orifice of the Fallopian tubes) and the absence, consequently, of the support which it is thus enabled to give to the ovum." Thus it seems that deficiency of decidua may be productive in causing presentation of placenta. The frequency with which placenta previa occurs in some women, would lead us to infer that the deficiency of decidual membrane is not always accidental, but may proceed from a natural defect in the uterus which renders it unfit to form a proper decidual covering. Preternatural delicacy of the decidua may also exist, which renders it unfit to support the ovum, or that weakness causes it to yield to any severe shock occurring before the ovum is securely attached to the uterus, when it would naturally fall to the most dependent part of the womb. These points of speculative inquiry are interesting, but be they so or not, no interference on our part can prevent their occurrence. * * * The management of placental presentation has been the subject of much discussion and controversy in the profession Turning was first suggested by Ambrose Paré. Many have since advocated thus artificially delivering the child, and it is certainly advisable when the os is sufficiently dilated or dilatable to allow its performance, especially if the woman be strong enough to undergo the operation, and there is obvious tendency on the part of the uterus to contract. If uterine inertia exist, stimulants and ergot must precede our efforts at turning, remembering that the effects of ergot may render turning more difficult. Shall turning be accomplished by forcing the hand into the uterus, or shall we adopt the bi-polar method. Such questions must be answered by the existing peculiarities of each case. Some have objected to this operation from the liability to fatal consequences. The prejudice against it, has lead to two other operations being suggested as a substitute for it.

From an early period, it has been remarked by accoucheurs that cases of unavoidable hemorrhage were occasionally met with, in which the placenta was expelled spontaneously before the birth of the child, and that

the hemorrhage was arrested by the separation of the placenta. Mr. Chapman of Ampohill, seems to be the first to have pointed out the deduction of a rule of practice from such cases. (*Retrospect*, 1856,) Dr. Simpson took up the subject in 1844, and, with his ability and force, pointed out what he considered the advantages of this operation, the principles upon which it is founded, and the cases to which it is applicable. Some authors claim that this operation was originally practiced by Portal. Dr. Barnes, while he strongly objects to the entire separation of placenta, advises another operation on the same principle, which has for its object the extension of the partial separation of the placenta, then leaving the case to nature The objection to this procedure is plainly this, that the great cause of anxiety to attendant and danger to mother and child is *partial* separation of placenta, even to a limited extent. This opinion is based upon the supposition that "there is an anatomical or physiological limit to the extent of placenta liable to detachment during expansion of the womb." Dr. Barnes, states that he has discovered the limit and can discriminate it during labor, and he calls it the "cervical zone," "the region of dangerous attachment" and by separating the placenta from it—hemorrhage ceases. The argumen in favor of these operations is, that they can be performed with less shock to mother than turning, because attended with less manipulative violence. Tamponing vagina and rupture of membranes are of advantage in suitable cases. When the os is only partially dilated, and we desire to deliver the patient without delay, the os *must* be dilated by artificial means. Barnes' bag which is filled with water by an injecting syringe, or those of Dr. Keiller which are filled with air, afford valuable assistance. On one occasion, being unable to procure either of above instruments, a suitable bladder obtained at a neighboring drug store, into which was fitted a piece of gum tube that would take the nozzle of a Davidson syringe, being injected with cold water, answered both as a plug, restraining hemorrhage, and as an excellent uterine dilator. Many points of great interest arise at this point of our inquiry into the manner of dilating os, but we pass to the relation of the following case, which somewhat verifies the opinion of Dr. S. E. Taylor (of Bellevue), who entertains the opinion, that there is no shortening of the cervix during pregnancy, that the placenta, in cases of central implantation, is attached to the uterus at the *internal os*, and when found in the cervical zone, it is there because it has been driven down by the head of the child. Dr. T. stoutly maintains that the internal os remains intact throughout uterogestation, having substantiated his views by direct observations during the progress of labour, and by post mortem examinations, in which the placenta had been found in the body of the uterus, (although death had occurred from hemorrhage) and not in the neck at all.

On the evening of February 16, I was requested to see a woman who was represented as having been in labour 24 hours. The midwife, whom I found in charge of case, informed me that the woman had been passing great quantities of blood, and that she was unable to find how the child presented. A careful examination of the case was made, and placental presentation discovered. When first seen, the cervix was dilated only enough to allow the passage of one finger. The cervix was found not to be shortened, but after passing the finger for an inch or inch and a half into the uterus, we felt the soft body of the placenta, It was not without the assistance of pressure upon the abdomen above, that the presentation of child could be determined. Having satisfied myself that the vertex presented, ergot was administered with the hope of controlling hemorrhage, and ensuring

uterine contraction. Cold applications were applied externally, and with one-sixth grain of morphia, the case was left, with instructions to be summoned, if a large flow of blood occurred.

On the 17th, at 9 A. M., there was a return of hemorrhage, which ceased after the placental adhesions had been torn, by passing the finger as far as possible around the internal os. (This case would seem to confirm the view of Dr. Barnes, concerning region of hemorrhage.) The same evening at 7, Dr. Sellman, who kindly assisted me in the case, agreeing with me, that a favorable condition for delivery existed, still further separated the placental adhesions; the os being well dilated, punctured the membranes, and the child, vertex presenting, was delivered by natural forces. The child was dead. The hemorrhage between 9 A. M and 7 P. M., was comparatively slight. The flow of blood attending separation and delivery of placenta was no more than is observed in natural uncomplicated labors. Notwithstanding the woman was frail and weakened, she made a good recovery*. The day of her delivery was within two days of being two years since she had been tapped for abdominal dropsy, and throughout her pregnancy she drank freely of decoction of broomtop, to keep dropsical disposition in abeyance. It has been my privilege to attend four cases of placental presentation; the result has been two children lost, and two saved; I am happy to state all four women recovered from the effects of their labor. The plan of procedure adopted has been, after the cervix is sufficiently dilated or dilatable to sever placental connection in cases of central implantation; when partial, the thrusting aside, if possible, of that which impedes delivery of child, puncture the membranes and deliver. The placenta was extracted before delivery of child twice, one child living, other dead. The placenta delivered subsequent to child, gives in the four cases a fatal and a favorable issue In one of the four cases turning was performed, in another the presentation was podalic, which enabled me to seize foot and deliver, the other two cases were vertex. Dr. T. Gaillard Thomas, in *Am. Journal of Obstetrics*, October, 1877, reports eleven cases of placenta prævia, in which he had brought on premature labor, and had lost only two women, and neither of them from placenta prævia direct. It is not without interest we note the advocacy of special procedures in these cases. We append a clipping from the report of W. M. Kemp, M. D., Chairman of Obstetrical Section of Medical and Chirurgical Faculty of Maryland in 1859, as published in *New York Journal of Medicine*.

"The fact that hæmorrhage ceases upon the entire separation of the placenta when uterine atony is not present, is, I presume, no longer a matter of dispute. Since the cases of Simpson, Radford, and others, have been published, and the attention of accoucheurs has been directed to this specific point, many examples have occurred to confirm the accuracy of the fact; and a very important principle of practice grows out of these observations. A case has occurred in our own experience, where the first child and its placenta (in a twin case) were delivered for more than seven hours before the birth of the second. No hæmorrhage occurred after the expulsion of the first placenta. Dr. Metcalf mentions (in his address before the Massachusetts Medical Society) three cases in which "the placenta was thrown off with the last pains before the expulsion of the child, and in neither case did any hæmorrhage follow the birth." A case is recorded in *American Journal*, new series, vol. vi., p. 518, where both placentas in a twin labor were expelled after the

* On March 5th, the woman was found to be spitting blood, with a troublesome cough and great dyspnœa. She died March 7th. The excessive weakness and frailty of the woman was in the main due to tuberculosis, and an enlarged, dilated left ventricle, to which I attribute the former dropsy. Considering the fact, that the thirteenth day after her delivery, she had sufficiently recovered to be out of bed, I can in no way attribute her death to the recent labor, from which she apparently, so favourably recovered.

first child, and no hæmorrhage ensued, although several hours elapsed before the delivery of the second child. In the same journal, vol. xviii., p. 122, is the history of a case of gastrotomy, in which the placenta was found lying unattached and without any hæmorrhage. In the same journal, vol. xi., p. 243, a case of arm presentation is narrated, in which the doctor, upon his arrival, found the placenta between the mother's thighs, entirely expelled, without subsequent hæmorrhage. The child was delivered by version, and the mother, who is represented as being faint and weak, had a successful recovery. The journals furnish an abundance of cases illustrative of the principle, that, with these two conditions obtaining, viz., a complete separation of the placenta from the uterine wall, and the presence of decided tonic contraction of the uterus, there will be no hæmorrhage. This introduces an important modification into the treatment of some cases of placenta previa, and affords a means of escape for the mother which was not acted upon before. I regard the discovery of the fact, and the construction of a judicious mode of practice so well calculated to enhance the probabilities of maternal life amid the perils of such cases, as constituting an era in obstetric medicine. I am not to be understood as regarding the separation of the placenta as the rule of proceeding in all cases of placenta prævia, but *I am* to be understood as believing that there are cases in which this procedure will save the mother, while the adoption of any other plan will be to forfeit the life of both mother and child."

A series of twenty-one cases collected by my father, gives twenty recoveries, and one death of mothers. This table was instituted to note effect upon mother of detaching placenta from its connections in cases of placenta previa. It is be regretted that the result to child is not noted. The placenta in these cases was separated by art twelve times, by natural processes nine times. The child was delivered by the pains of labor six times, by forceps twice, by version seven times, by evisceration and craniotomy each once, four cases not noted. The child presented vertex eight times, one of which was with hand aside of head, breech twice, arm six times, thorax and feet each once, in three the presentation not recorded. It would seem from above table, that the twelve cases where the placenta was separated by art, the hemorrhage ceased equally as well as when pain was the factor producing the separation. In the fatal case recorded above the placenta was *not* separated by art. These cases were collected previous to 1847, at a time when artificial separation of placenta was not so strongly advocated nor so much relied upon.

Referring to statistics as arguments in favor of placental detachment, Dr. Simpson produces a table of 654 cases, in which the treatment consisted of turning, etc., the child being extracted before the placenta. This he contrasts with 141 cases, in which placenta was removed or expelled before the child. In the 654 cases, 180 mothers were lost, in the 141 cases, maternal mortality was ten, which, says Dr. Simpson, apparently gives a large balance in favor of the extraction of placenta before the child Time forbids an impartial examination into this interesting inquiry. My endeavor has been to present views entertained concerning cause, and management of placental presentation. May not the fact of impregnation occurring when the ovum is at, or just within the internal os, or decidual weakness or absence, offer rational ground for explanation of this condition as met with in practice, and may we not by judicious means suitably employed, hope to lessen the mortality to both the mother and child, that hereafter even more satisfactory results may be obtained.

A case of placenta prævia, reported by Dr. R. J. Nunn, of Savannah Georgia, in *American Journal of Obstetrics*, July, 1880, calls attention to a peculiarly new treatment, by the application of liquor ferri persulphatis to the bleeding surface by means of a cotton

swab passed through the os. A speculum was introduced, which enabled the doctor to see that all clots were removed, and allowed the applying of the swab to the bleeding surfaces directly, by sight. We are informed that the bleeding ceased *instantly and absolutely*. "Stimulants and ergot were then given freely, and a pledget of cotton saturated with the styptic was left in the os, and sustained in place by a very slight tampon of cotton, merely sufficient for the purpose." We are informed that the labor recommenced in about an hour. An unfortunate movement of the patient dislodged the tampon, and with it "about an ounce of fresh blood, but no clots." A new application of the persulphate arrested the hemorrhage "*instanter*," and hence it was thought unnecessary to use the pledget. A third time it was necessary to apply the iron, and with the same happy effect. "The patient got out of bed to have an evacuation when, during a severe pain, the placenta was expelled, followed shortly after by the fœtus, which was dead, and apparently had been so for several hours."

"The placenta shows the marks of the styptic in three places; one near the centre being a patch about two and a half by one inch, the other two are smaller and near the margin."

Dr. Nunn infers from this case that it has its advantage in this, that labor pains were absent until long after the hemorrhage had been stopped by the application of the iron, and consequently the cessation of flow could not be due to pressure of advancing fœtal head. "With the tampon which fell from the patient there was no clot, showing that there could have been no bleeding during the six hours which elapsed, since the first application of the styptic."

The Doctor concludes his report of this interesting treatment thus: "To apply the styptic locally, directly, and continuously to the bleeding placental and uterine surfaces, and so to arrange matters that the styptic will pass between the attached placenta and the uterine wall by capillary attraction or otherwise." I have given this case rather fully, that a clearer and fairer idea of its merits might be had. Certainly the procedures instituted successfully arrested the hemorrhage, in which lies the source of danger in these cases. Many interesting queries engage attention. The induction of premature labor, in hopes thereby to lessen maternal mortality, is attracting attention. But we must content ourselves just now with a reference to a paper of Dr. T. Gaillard Thomas, in *American Practitioner*, May, 1877. "There is but one method at present at the disposal of the obstetrician by which the evils attendant upon the three last months of utero-gestation and upon labor thus complicated, can be avoided. It is by the induction of premature delivery after the period of viability of the child." As remarked by Augus McDonald, "nothing can be gained by delay, if we are satisfied that the bleeding is really serious, and if continued would lead to great risk to mother's life and health." So fully convinced is Dr. Thomas, that he remarks, "I can not resist the conviction that, when premature delivery becomes the recognized and universal practice for placenta previa, the statistics of the present day will be replaced by others of a far more satisfactory kind." That much remains for our art to perfect in obstetric practice, must be admitted, but comparing the statistics of to-day with those of half a century ago, we see the evidence of advance in saving life. There is no class of cases that comes under our notice as obstetricians, that demands more care, caution and judicious action than pregnancy complicated by placental presentation. That we have results more cheering, should encourage us to a more diligent watchfulness and enlightened mode of proceeding. The endeavor has been to bring before us a rational view as to the cause or causes produc-

ing or abetting a placental presentation, and a glance at special modes of managing such cases as they fall under our notice, and claim our assistance. With many our judgment agrees; with still a number, among whom are some illustrious names, we must join issue, for as our ideas or convictions lead us, so will our practice be. Our procedures can the better be intelligently applied, if upon anatomical and pathological information we depend for the principles of our practice. This is obvious from the fact, that if we consider the source of hemorrhage in these cases as uterine or placental, or as from both, we must have some idea or opinion of our own, otherwise our practice is that merely of the tyro.

But enough. May the study of placental presentation reward the profession, by shedding a clearer light upon its pathology, and ensure to us more glorious and satisfactory results.

SOCIETY REPORTS.

CLINICAL SOCIETY OF MARYLAND.

MEETING HELD APRIL 16, 1880.

DR. CHRISTOPHER JOHNSTON, Sr., President, in the Chair.

DR EUGENE F. CORDELL, Reporting Secretary.

OSTEO-SARCOMA.— *Dr. Tiffany* related the case of a negro, aged 30, who two years ago, received a kick from the captain of his vessel on the upper part of the left shin, near the insertion of the ligamentum patellæ. He was laid up by this three days, but a lump remained in the site of the injury, which gradually increased in size until he came under Dr. Tiffany's care, when a tumor was found eight inches long, about the size and shape of the fœtal head at birth. The tumor was but little painful on pressure, its temperature was 3¼° higher than at a corresponding point on the other limb. The patient had always had good health before the development of the present trouble; he had been confined more or less to the house during the last six months. An "osteo-sarcoma" was diagnosed, and amputation performed through the middle of the femur. The disease was found to extend further up behind than in front; eleven ligatures were applied. The operation was done two or three days ago.

Dr Tiffany pointed out the liability of the disease to appear in the vicinity of the knee joint, and to simulate white swelling.

In another case of myeloid tumor, ossification had taken place and the tumor was encased in bone. The difference in the prognosis when the disease occurs in the femur and elsewhere was alluded to; in the former case requiring amputation at the hip (which is itself almost necessarily fatal), and in any case liable to recurrence within two years.

Dr. Tiffany laid stress upon the increased temperature of osteo-sarcoma as compared with other morbid growths. In a case under his observation, in which the disease involved the lower end of the radius, the temperature was 2½° higher than on the healthy side.

SPECIMEN SHOWING ABSCESS OF ANTERIOR ABDOMINAL WALL COMMUNICATING WITH DESCENDING COLON.— *Dr. J. Shelton Hill* exhibited a pathological specimen consisting of four inches of the lower portion of the descending colon, the sigmoid flexure and the upper part of the rectum. He stated that he knew nothing of the patient from whom it was obtained, and had not examined it until a few minutes before; that it had been left at his office during the afternoon by Dr. Hollyday for a member of the society, who knew the history of the case, but having a case of labor in prospect did not care to han-

dle it, and had therefore requested him to present it to the society.

Dr. Hill said there was evidence of the existence of an extensive abscess located partly in the anterior abdominal wall and partly in the bowel. Adhesion of the bowel had taken place at this point, with subsequent ulceration, so that there must have been free communication between the bowel and the cavity created by the slough in the abdominal parietes. There was apparently no communication between the abdominal cavity and the abscess. The specimen suggested the inquiry, whether the condition found arose from simple ulcerative inflammation of the bowel, or whether it may not have been the termination of tubercular or cancerous infiltration and degeneration.

Dr. Chew had seen the patient from whom the specimen was obtained for a few days about two weeks ago. He was called in consultation, and found a tumor, about six inches long, and two inches wide, in the left flank, over the region occupied by the descending colon. In the centre of the tumor, there was distinct fluctuation, but on the margins a hard surface. The site of fluctuation was also marked by distinct resonance on percussion. It was questionable whether the intestine was adherent to the abdominal wall, or whether the gas whose presence had been detected in the abscess, had arisen from putrefaction. The bowels were not obstructed, the patient having two or three evacuations daily. Dr. Chew declined at that time to aspirate. Nine days later, there was a blush over the tumor, as well as well-marked fluctuation, at which time, Dr. Chew performed aspiration, drawing off ℥i-iss of offensive pus. There was immediate relief and the pulse fell at once, but, in a short time, the tumor resumed its convex form. The patient continued however to grow weaker, and died on the fourth day. The post-mortem showed an abscess connected with the colon, and communicating with a large collection of pus deep in the pelvic cavity. In answer to an enquiry, he said that rectal examination had discovered nothing, the situation of the abscess being too far up.

Dr. Coskery referred to a case closely resembling the above: A man suffering with acute abdominal pains passed fæcal matter through the umbilicus; on the right side over the region occupied by the ascending colon, there was a swelling, evidently containing air and fluid; this was incised with the escape of offensive gas and fæcal matter. The patient died quietly, thirty-six hours afterwards. On post-mortem examination, a large abscess was found extending from the ribs to Poupart's ligament, filled with gas, fæcal matter, and gangrenous tissues. This abscess was found to be due to a tubercular cavity in the liver, which had first formed adhesions to the posterior wall of the transverse colon, then perforated this organ; at two points the colon had again been perforated after becoming adherent to the parietes of the abdomen; at the umbilicus the transverse colon, and in the right iliac fossa the ascending colon,—the latter only allowing extravasation of fæcal matter into the cellular tissue. It was so superficial that in making the opening only the skin had been divided.

Dr. Latimer recollected having had the patient referred to by Dr. Chew, under treatment for a short time last summer; he was then suffering with symptoms of dysentery and peritonitis. There was no tympanites at that time. The stools were passed without difficulty, and a rectal tube was passed some distance into the rectum without meeting any obstruction.

Dr. Erich had had a patient under treatment, a thin woman, with an abdominal tumor containing gas and pus. The tumor first appeared in the right groin. At his first examination it extended to a point two inches above

the umbilicus. His first impression was that it was a pelvic cellulitis following parturition, but the tumor could not be reached from the vagina, as would have been the case in this disease. The fluid could be shifted about; the size of the tumor diminished after free purgation. Symptoms of septicæmia appearing, aspiration was resorted to, and one quart of extremely offensive pus removed. The patient was much improved by this, but after a while the tumor re-appeared. Aspiration was repeated twelve or fifteen times, and the sac washed out with carbolized water, with the same result. Could adhesion of the sac to the anterior abdominal wall have been determined, he would have cut through the latter without hesitation. He now proceeded as follows: First, aspirating, he washed out the cavity, and then left the canula in, communicating by an india-rubber tube with a vessel under the bed, the arrangement acting as a syphon, thus securing constant and perfect drainage. The washing out was repeated every day for five days, when the abscess had closed up, and no more fluid could be introduced. The patient recovered perfectly. In another case a lady applied for treatment for piles. She refused an examination, but getting worse, finally consented to it, when a large perinæal abscess was discovered, and, lodged in the rectum, could be felt the floating rib of a chicken. Ulceration took place, erysipelas set in—spreading over the entire lower part of the body, and death closed the scene.

Fibroid Tumor from Palm of Hand.—*Dr. Coskery* exhibited a fibroid tumor obtained from a woman, aged 40, who, ten years ago, observed a lump over the metacarpal bone of the ring finger of her left hand. A few months ago, it began to grow rapidly. On incising the sheath, the tumor peeled out readily. It contained little fatty tissue.

Twin Pregnancy with Singular Features.—*Dr. Chatard* related the following case: A patient was delivered at 5 P. M. yesterday, of a living child; to-day she exhibits a large globular abdominal swelling, and says she feels distinct fœtal movements.

The tumor extends from about two and a half inches above the umbilicus to two inches below and to the left of the same. The hand introduced into the uterus only detected some clots. On auscultation, pulsation can be detected, with a frequency of 115 to 120 beats per minute, the mother's pulse being at the same time 96. In reply to a suggestion of a bifid uterus, Dr. Chatard stated that he had been unable to detect a second cervix. If the fœtus were in utero, it must occupy a transverse position, at the upper part of the uterus. The placenta came away with the first child.

Dr. Browne related a case, in which a large subperitoneal fibroid, which gave rise to a tumor after labor, and which was mistaken by a midwife for a second child (and the patient herself thought she felt the movement of the child), underwent complete absorption in about six weeks.

Dr. Erich would call the case of Dr. Browne an instance of paralysis of the placental site of the uterus. All the uterus contracts except the placental site; that leaves an enlargement which will disappear in time.

Dr. Browne replied that the growth could be felt outside the uterus, and could be distinctly mapped out. It was not in the site of the placenta, but on the opposite side. Furthermore, we know that these subperitoneal tumors do undergo growth during pregnancy, and subsequent absorption. In answer to a question, as to how the situation of the placenta could be made out, Dr. Browne replied by passing in the hand and feeling the rough surface of the placental insertion.

Dr. Erich said in looking for a double uterus, the possibility of a double vagina must be kept in view, in which case the septum lies to one side and is not readily perceptible. He related a

case in which a double vagina existed, with double hymen; and the two canals being of different size caused him some surprise as he entered a different one in the two first examinations. He suggested anæsthesia and careful examination in Dr. Chatard's case, since the movements attributed by her to the fœtus might occur as long as she was conscious.

REPORT OF THE ALLEGANY COUNTY MEDICAL SOCIETY.

O. M. SCHINDEL, M. D., SECRETARY.

The regular monthly meeting of the Allegany County Medical Society was held on July 20, in the Council Chamber of the City Hall in this city, with Dr. I. D. Skilling in the Chair, and Dr. O. M. Schindel, Secretary.

Dr. Fundenberg reported a case of difficult midwifery, a Mrs. C., an Irish woman, aged 35 years, who had three still born children previous. Dr. Pat. Healey was called first to the case, and after making an examination said the woman would not be in labor for some time, and went away and left her. Upon their calling upon him the next morning, he refused to attend. They called upon Dr. West, of Keyser, West Virginia, and when he arrived, he discovered a shoulder presentation, with an arm fully extending out of the vulva. The Doctor knowing what a serious time this woman always had in her accouchments, determined to call Dr. Fundenberg in consultation, but as he was engaged, he sent for his partner, Dr. Spear, who, when he arrived, found the same condition of things. He gave chloroform for Dr. Ward, and the Doctor turned and delivered the legs, but not withstanding the woman had hard labor pain, with the use of forceps, they could not effect a delivery. They then tried to use the perforator. Being fully convinced the child was dead, they used all their efforts, but made little progress except to effect the soft parts about the base of the skull and neck of the child. When they had become thoroughly exhausted, they again went for Dr. Fundenberg. When he arrived, he found the woman pretty completely exhausted, and was anxious to save the mother. As the soft parts of the child's neck were so nearly severed from the head as to offer no assistance, he concluded to decapitate it, and forthwith did so. Then after rotating the head in the pelvis so as to give a firm object to act upon, he emptied the calvarium, and delivered. The woman seemed to partially rally afterwards, but at the end of twenty-four hours, she commenced to sink rapidly, and died at the end of thirty—after being delivered. Death was caused by extreme prostration and fatigue.

The Doctor reported this case because he said some unjust criticisms had been made about it, and he only did this to prove he did not decapitate a living child's head, as the gentlemen who were present could attest; and he claimed that some of the best authorities went so far as to say that if we could save the mother by decapitation of the child, it was justifiable.

Dr. Miller reported the case of what looked like a wart upon the left os-calcis. The growth seemed to be of a very rapid nature. Within a few weeks it disabled the patient from wearing a shoe, and totally unfit him from any duty. It then took on the form of a sarcoma, and was operated upon by Dr. Gerstell, who did a circular operation, and removed the tumor *en masse*, making good and sufficient flaps. At this writing the wound is entirely healed, and the parts look healthy. The Doctor did not know whether to expect its return, as he has not examined it microscopically.

Dr. I. D. Skilling reported the case of a post-mortem examination, which he had made in his practice within the last few weeks; an old man about sixty was coming out of one of the coal mines after work, and when at the

mouth of the mine he suddenly fell, and at the time it was supposed he fractured his skull, as he fell on the track of the inclined place which leads to the mouth of the mine, but upon making a post-mortem, it was ascertained that the left auricle was completely ossified, and the left ventricle partially so, the ossification extended to beyond the arch of the "aorta," the two coronary arteries were completely closed and in the same condition.

Dr. Doerner reported a case of pseudo-laryngitis, which had occurred in his practice, and upon which he had done tracheotomy, and as he had made the opening low down in the neck, he was surprised to see so little hæmorrhage from the wound. He thought the operation would have been successful beyond a doubt, had not the irritation from the tube set up an additional trouble, or rather an acute inflammain the tracheal wound. The greatest care was taken to keep the instrument pure, the tube was taken out and thoroughly cleansed and disenfected in every possible way.

After a full and free exchange of opinions upon the different topics and passing through a great deal of local business, the society adjourned to meet at the regular time and place next month.

SELECTIONS.

Hysteria in Children.—Dr. H. Paris has written a thesis on this subject (Paris, March, 1880, and *Journal de Therapeutique*, 10 May). Notwithstanding the almost universal silence regarding hysteria on the part of pathologists who have concerned themselves with the diseases of childhood, it is quite certain that a number of very young girls suffer from this affection. Out of 430 cases recorded by Briquet, hysteria was developed in childhood; that is to say, up to twelve years of age, the period when puberty commences. Hysteria in young girls is caused by hysteria, alcoholism, epilepsy, and even phthisis in the parents; by chlorosis, moral troubles, and bad treatment. With regard to its treatment, if left to itself, it has no tendency to improve; prophylactic treatment is the most efficacious, and should consist in a sensible education, of which the objects may be defined; to develop the physical side, and to avoid precocious development, either of intellectual or emotional faculties. Country life, very simple habits, walks and active games are indicated. The children should be kept up by a tonic regimen, quinine and iron. Amongst the more special agents, the most efficacious are bromide of potassium and arsenic; the first in doses of from two to six grammes (30 to 90 grains); the second in the form of Fowler's solution, of which the daily dose, easily tolerated by children, may be as large as ten drops, given in divided quantities. Surprising results are often obtained with hydrotherapy in its various forms, prolonged warm baths, cold baths, cold applications, and especially spray and shower baths.—*Lond. Med. Rec.*

The Treatment of Chronic Eczema.—Avoid the use of soap, as this is irritating. Twice a day, bathe the part in an aqueous solution of borax, one ounce to the pint. Dry without friction and freely apply the benzoated oxide of zinc ointment, then bandage the part firmly with old dry muslin which has been previously wet with a saturated aqueous solution of borax. Over this apply a bandage of oiled silk, in such a manner as to exclude the air perfectly. Let the bowels be kept regular. In the majority of cases eczema may be promptly cured by the simple exclusion of the air. Eczema of the fingers will generally yield in a few days if the air be excluded by the ordinary rubber cot.—*Med. Review.*

Salicylic Acid as an Anti-Rheumatic Remedy.—There is an important point in practical medicine to which I wish to direct your attention, and it consists in the use of salicylic acid as an anti-rheumatic remedy.

It seems to me that it should not supersede the alkaline treatment which has been employed to diminish the liability to cardiac complication. It has not as yet been proved that salicylic acid has any effect in the way of preventing cardiac complications except by way of shortening the duration of the rheumatic fever; I have had occasion to observe several cases of pericarditis occurring in the course of cases of articular rheumatism under treatment by the use of salicylic acid exclusively.

Because a remedy has been found that apparently causes the disease to abort occasionally, or, if not that, shortens its duration, we are not to relinquish the accepted alkaline treatment but should carry it to its full extent as we have been accustomed to do heretofore. The alkaline treatment does not exert a marked effect upon the duration of the disease; but the weight of evidence showing that it diminishes the liability to pericarditis and endocarditis is overwhelming. Fortunately, the two plans of treatment do not conflict with each other. —*Prof. Austin Flint.*

Coca in the Opium-habit.—Since the publication in these columns of Professor Palmer's article on coca as an antidote to opium-eating, the demand all over the country for the coca has been so great as to put the drug-houses to their best efforts to fill orders. Professor Palmer is daily in receipt of letters asking how the remedy is to be used. He asks us to publish the following: "Coca is to be used as a *substitute* for the opium. It is therefore to be taken as freely as the cravings of the system for opium may demand—tablespoonful doses of the fluid extract several times a day, more or less, as needed. The 'break-off' is to be made at once and for all, and coca is the staff upon which the sufferer is to throw his whole weight." He also asks that patients and physicians will send reports of results to him or the editors of the *News*. He suggests that it is best that the drug should be given under the supervision of the family physician, so that any collateral contingencies may be met and counteracted. — *Louisville Med. News.*

Diabetes Insipidus Treated with Ergot.—In the *British Med. Journal*, Dec. 25, 1875, is recorded the case of a man who suffered from diabetes insipidus, and was successfully treated with ergot, after the failure of jaborandi and other remedies. Half a drachm of the liquid extract of ergot, every three hours, reduced the urine in twenty-four days from twenty pints to a pint and a half; increased its specific gravity from 1,002 to 1,017; and removed the excessive thirst and other distressing symptoms from which he had suffered for two years. A few days ago the reporter of the case, Dr. Murrell, accidentally met the patient and was told that he had never had a day's illness since he left the hospital, four and a half years ago. His urine was normal in quantity and he did not suffer from thirst. He was strong and well in every way, and able to do a good day's work. The ergot cured him completely, and Dr. Murrell adds that it is to be regretted that this mode of treatment is not more commonly employed in these cases.—*The Brit. Med. Journ.*, May 8, 1880.

Litholapaxy (Bigelow's Method) has been employed by Sir Henry Thompson in 31 consecutive cases, and is recommended by him as a decided advance in surgery.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, AUGUST 1, 1880.

SPECIAL NOTICE.

Subscriptions to this Journal for the year beginning May 1st, 1880, Volumes VII and VIII, are now due and subscribers are requested to remit the amount to this office during next thirty days.

Any subscriber desiring the Journal discontinued is requested to send a notice to that effect by postal card, otherwise the Journal will be mailed to his address for the coming year.

A large number of sample copies of each issue are mailed to different members of the profession. Any physician receiving a sample copy, and is desirous of trying the Journal for three months can have it mailed to his address for that time by remitting fifty cents.

Correspondence from members of the profession invited.

EDITORIAL.

NECESSITIES FOR A MEDICAL HALL AND LIBRARY IN BALTIMORE.—In the last number of this JOURNAL, we had something to say in reference to Medical Progress in Baltimore, and took occasion to speak in encouraging terms of the future of the professional interests which were springing up and being strengthened in our midst. It is clearly proper that we should follow up our remarks by a fuller reference to the work upon which the profession has entered with praiseworthy interest and zeal, and by pointing out, to our mind, some plain professional duties which stare the profession in this city, in full face, and which, sooner or later, it must attempt to discharge.

It will be conceded by the most conservative looker-on that marked progress has attended many professional undertakings, that a new era of promise has dawned upon us. This fact is too patent to demand a proof. We need scarcely point to a material evidence. It is in the air we breath, in the thought and hope of every earnest medical man we meet upon our streets. The working and thinking members of the profession believe it and experience it in their daily intercourse one with another.

Let two medical friends meet at the bed side or in the social circle, and this thought is uppermost in conversation—we are getting on a higher plane, our professional prospects are brighter, the future is full of assured promises. This interest is healthy and growing, and is one of the most promising evidences of real progress which can be asserted.

At this stage of revival of professional interest, there are issues which should be presented and duties which must plainly be discharged before our progress can be fully established upon a firm and durable basis.

The various medical societies of our city, it has been remarked, are alive with active and growing usefulness. With largely increased membership and attendance during the past winter, their meetings were of practical value, and contributed very largely to the support of a local medical literature, which has been recognized and quoted beyond the limits of our State and, in several instances, beyond the Atlantic. The coming winter promises even larger additions to the membership of these societies.

In view of these facts there are two things greatly needed by the profession in Baltimore, and the profession will not have discharged its duty to itself until these two objects are secured. In the first place it needs a Medical Hall, the exclusive property of the profession; and secondly it needs a Medical Library, which shall contain not only the most recent journals and periodicals, but one in which can be treasured valuable books, already the property of the profession, handed down from our predecessors, and such recent volumes as may from year to year be donated or purchased. To secure these two objects, much work must be undertaken and many sacrifices may be required. It is evident that a considerable sum of money must be raised before the undertaking can meet with the promise of ultimate success. There will be some who will not contribute; moreover, rather than see such an undertaking succeed, they will do all in

their power to defeat it. This number we are happy to say is vastly in the minority. On the contrary, there is a goodly number of medical gentlemen, in this city, who have expressed the greatest interest in the success of such an enterprise. These gentlemen have made known a purpose to contribute liberally of money and time, and are prepared to manifest an active interest when time to act arrives. We are not of those who doubt the failure of this object. It is one which concerns the profession most vitally, and we believe it will recognize the necesssity of carrying on to complete success an undertaking which promises such good results.

A few years ago the medical profession of Boston, animated by the manly and energetic efforts of a few of its number, carried through to complete success, just such an undertaking as is now proposed for the medical profession of Baltimore.

In New York City, the profession has a Medical Hall, and a Library of great value, the property of the Academy of Medicine, established by the free gifts of its membership.

Is it too much to hope for such a desideratum in our city? We think not. It may not be possible to consumate this purpose as soon as might be desired, but it is an object which should be kept prominently before the professional mind. Effort should not cease until this Medical Hall and Library are secured.

The value of these two institutions to the medical profession of this city is too apparent to require a word of comment. Suffice it to say the profession can not assume that high position of organized coöperation or of large culture, so much to be desired, without a Hall in which it can meet to conduct its purposes, or without a Library from which it can draw those large funds of information so necessary to those engaged in studying up the literature of scientific questions. We know of no institutions which are more needed or which at the same time promise such substantial results. A few years past it was thought impossible to support a medical journal in this city. The fact has been demonstrated that not only can one journal subsist but two occupy the field and enjoy apparently a fair degree of success. If it is the purpose of the profession to wait until such institutions are donated years may intervene, but if it is aroused to this growing necessity and is prepared to contribute its money, time and coöperation, within a reasonable length of time these institutions will spring into full and active usefulness in our city.

Let the profession consider well this object and when it meets the coming fall to organize the various medical societies, for a winter's work, take vigorous hold and help along these undertakings.

Dr. Tanner's Fast.—At the time of writing, this remarkable enthusiast has completed the 30th day of his fast. His condition is most excellent and he is suffering very little inconvenience from the continued absence of food.

In spite of the efforts which have been made to disparage the statement that the faster is honest, there can be little doubt now of his sincerity and of his real desire to extend the time of fasting to forty days. From the beginning he has been carefully watched by parties interested in obtaining a true statement of the result. Any attempt at fraud could easily be detected. We confess we believe the facts as reported in the daily press. Accepting these statements as true some novel facts have been offered to physiologists to solve. These facts are being recorded and in time may be made known. It is not our purpose to comment upon them at this time. Several points in this man's condition are, however, of general interest.

Up to the sixteenth day Dr. Tanner had taken no water except small amounts, at times, to wash out his mouth, which was measured before and after drinking. Since the sixteenth day to the present time he has taken daily from 32 to 66 ounces of water.

He has no passage from the bowels since the first day of his fast. His temperature, respiration, pulse and skin have been normal. His sleep has been fairly good. He has manifested no marked symptoms of general debility, but has been able to take his usual morning walk and drive with one or two exceptions.

On the 25th instant, he complained of a bilious condition of his stomach, for which he took a copious draught of hot water, which he claims gave instant relief.

He began his fast weighing 157½

pounds On the sixteenth day, the day of taking water, he weighed 132 pounds. On the seventeenth, after drinking 66 ounces of water, and passing 23¼ ounces, he weighed 133½ pounds. On the 18th, after drinking 58 ounces and passing 36¾, he weighed 137½ pounds. From the sixteenth day to the twenty-second day, he took 319 ounces of water, and passed 226½ ounces of urine, and gained two pounds. The specific gravity of his urine was 1022 on the sixteenth day and 1004.10 on the twenty-second day.

On Tuesday his thirtieth day he weighed 129 pounds, a total loss of 28½ pounds since the beginning.

The facts above given have been carefully recorded and present some astonishing phenomena

Dr. Tanner is a man aged about 55 years. When he began he measured in height five feet ten inches. He now measures five feet eight inches. He is represented as a man of strong will, a great enthusiast and as a being of a very phlegmatic temperament.

Independent of the test of endurance which this man exhibits his condition affords some singular phenomena which require a scientific explanation. It is to be hoped that all the facts as represented will in due time be arranged and commented upon by men instructed in physiological study.

Dr. Wm. Goodell, of the University of Pennsylvania, has accepted an invitation to deliver the oration at the next Annual Meeting of the Medical and Chirurgical Faculty of Maryland, to be held in this city next April. This eminent gynæcologist is of the best type of American physicians, and is a worthy successor of the brilliant names which adorn the roll of "orators" of the Faculty. There is no subject more distinctly American than that to which he has devoted his skill and talents, and he will doubtless do full justice to it, and in his address combine the useful with the agreeable.

REVIEWS & BOOK NOTICES.

NOTES FROM CURRENT MEDICAL LITERATURE.

"Contributions to Gynecology."—First, Fibro-sarcomatous Tumor of the Uterus, Operation — Recovery. Second, Cancer of the Rectum, Excision — Recovery. By John Byrne, M. D., M. R. C. E. S., of Brooklyn, New York. Reprint, G. P. Putnam's Sons, New York, 1880.

"On the Relation of the Medical Profession to the Materia Medica, and a Note on Pepsin." By E. R. Squibb, M. D., Brooklyn. Reprinted from "The Proceedings of the Medical Society of the County of Kings," May, 1880.

"Rules and Regulations of the Board of Health of the State of Louisiana for the Government of Quarantine Officers and Stations, and for the Enforcement of the Acts of the Legislature, Establishing and Regulating Quarantine for the Protection of the State, Also Sanitary Rules of the Board of Health Regulating Shipping in the Port of New Orleans." L. Graham, Printer, New Orleans, 1880. Pp. 16.

Thirty-First Annual Announcement of the Woman's Medical College of Pennsylvania, Phila., 1880-81.

Popular Science Monthly.—D. Appleton & Co., New York. The July and August numbers of this excellent periodical have been received. They contain the usual amount of valuable original contributions and a variety of carefully selected matter. We know of no publication so indispensable to the intelligent reading and thinking man. To the student of popular science it will always be accorded a welcome reception. We specially commend this *Journal* to the thoughtful and intelligent physician.

ANNUAL ANNOUNCEMENT of the Medical College of the Pacific. Being the Medical Department of University College, San Francisco, 1880.

BOOK NOTICES.

The Surgery, Surgical Pathology and Surgical Anatomy of the Female Pelvic Organs. By HENRY SAVAGE, M. D., Lond., Third Edition. Wood's Library Series. Wm. Wood & Co., New York.

If the publishers of this series of popular medical books gave no other work for the rest of the year the subscriber would be amply repaid by the possession of this well known volume of Savage. Hitherto this volume alone has cost the price now paid for this entire series, and the fact that it is included in this list must be attributed to the enterprise and liberality of the publishers who seem determined that the subscriber shall receive in return more than his money's worth.

This book, as is generally known, consists chiefly of a series of plates taken from nature which are not only accurate delineations, but represent dissections not found in other works. These plates, in number thirty-two, are most admirably executed in this volume. In addition to the plates there are also twenty-two wood engravings, illustrating special operations on Vesico-vaginal Fistula, Ovariotomy and Perineal Operations, with Commentaries, Notes and Cases descriptive of the plates and cuts.

A Treatise on Foreign Bodies in Surgical Practice. By ALFRED POULET, M.D. In Two Volumes. William Wood & Co., Publishers, 1880. Henry Fleetwood, Agent, Baltimore.

This treatise is one which ought to receive a favorable reception, as it claims to be the only book which is devoted exclusively to this subject. It begins with a study of Foreign Bodies in General, which embraces a Definition of the Subject, Classification, Etiology, Nature of Foreign Bodies in General, Manner of Introduction, Situation, Mobility, Fixity, Termination, Diagnosis and Treatment. Next is discussed Foreign Bodies, of the Intestinal Tract, of the Pharynx and Œsophagus, of the Stomach, Intestine and Rectum. These subjects complete volume I.

Volume II, begins with the study of Foreign Bodies of the Air-passages, and throughout discusses the Etiolgy, Pathology and Treatment of Foreign Bodies found in the various Organs, such as the Urethra, Bladder, Uterus, Ear, Nose and Glandular Canal.

The book is a most excellent summary of the subject, and will be found of great practical value to the surgeon engaged in special, as well as to one in general practice.

Sea-Sickness—Its Symptoms, Nature and Treatment. By GEO. M. BEARD, A. M., M. D. E. B. Treat, New York, 1880.

This is a treatise of 74 pages, drawn from the experiments of the author, and much experience at the sea.

The author advocates the theory that Sea-sickness is a functional disease of the central nervous system. The position is taken that like any other form of sickness, it can be avoided, and by the plan of treatment proposed, it can in the majority of cases be prevented or greatly relieved.

MISCELLANY.

VACCINATION BILL.—A bill has been introduced into the House of Commons by Mr. Dodson, a Liberal, which provides that when an anti-vaccinationist has been adjudged to pay the full penalty once, or any penalty twice, he shall henceforth go uninterfered with.

The London *Saturday Review* speaking of this bill remarks, "The anti-vaccinationist is to be punished, but is not to be prevented. Some shil-

lings are to be taken out of him, but then he is at liberty to murder the country at his will and pleasure. We have only one suggestion to make, with the utmost respect for the President of the Local Government Board. If his measure be carried we trust that there may be issued placards like those now used to indicate beer and tobacco licences, and bearing the Red Cross and the words 'licenced to spread small-pox.'

At the second conviction, these should be fixed to the anti-vaccinationist's door, that the rest of the population may at any rate be able to give him the widest of berths."

THE New York Legislature passed an act establishing a State Board of Health, to be composed of nine members, with duties much the same as in other States. Fifteen thousand dollars were appropriated for the use of the Board. Dr. E. M. Moore, of Rochester, was made President of the Board, and Dr. Elisha Harris, Secretary.

THE following medical schools have adopted the "three term movement:" University of Pennsylvania, Medical Department Syracuse University, Bellevue Hospital Medical College, St. Louis Medical College, Michigan College of Medicine and Detroit Medical College. Several other colleges have three-year courses, but permit students to graduate in one or two years if only they pass the examination. In this class are Harvard Medical School, Medical Department Yale College, Medical Department Michigan University, etc.

"St. Paul Medical College," is the name of a new institution just started at St. Paul, Minn. It provides a series of studies covering four years, but will give a diploma to those who can pass the examination after they have attended *two courses* of lectures. It advises four courses, but requires only two. In this it surpasses "Harvard," which provides four courses, but requires attendance upon only one. The length of the course is to be eight months.

DR. J. H. MOORE in the *Medical and Surgical Reporter* reports a case of early viability which presents unusual interest.

Mrs. M. was taken in labor Dec. 8, 1878. She was then in about the last of the fifth or first of the sixth month of pregnancy; in due time delivery of a female child was accomplished. The case being attended by a midwife, and she considering it one of abortion simply folded the child in a flannel blanket supposing it to be lifeless. After twenty-five or thirty minutes the little stranger gave a "yell" sufficient to attract attention.

Respiration continued day by day; food was administered drop by drop, though muscular action was almost invisible, until about the third month; the eyes now opened, and sufficient strength was gained to take the breast and cry a little. From the third month it nursed regularly and seemed to grow faster than before. Its length at birth was nine inches and weighed one and a half pounds. She is now 15 months old. Dr. Moore thinks that viability at the expiration of the fifth month in this case is authenticated by the following facts:

1st. Menstruation not having ceased over five months previous to the birth of the child.

2d. The size and weight of the child at birth.

3d. Cartilaginous condition of the cranial bones.

4th. Abortion having taken place at the expiration of the fifth month in previous pregnancy.

A HOME HOSPITAL.—A Hospital has been opened in London, which admits patients and allows them to continue under the treatment of their family physician. It is conducted somewhat after the plan of the French Maison de Santé. An institution of this character is greatly needed in

every large city. Hospitals as a rule are managed in the interest of a society or class, and are only open to comparatively few physicians. Owing to this fact many physicians are forced to treat their patients at their homes under very unfavorable surroundings to avoid losing what might result in a comfortable fee.

Ovariotomy by Spencer Wells.—Spencer Wells first began this operation in 1857. Since that time he has operated one thousand times, the thousandth ovariotomy being performed on Friday, June 11, 1880. Up to the time he began to operate ovariotomy had fallen into great disrepute. So hazardous was the operation regarded, that Baker Brown, on account of his many failures was threatened with an inquest on his next fatal case. He abandoned the operation two years before Mr. Wells began.

Mr. Wells first five hundred cases showed a mortality of 25.4 per cent; the next three hundred 25.6 per cent, the next hundred 17 per cent, and the last hundred 11 per cent. He has operated with antiseptics during past two years.

Higher Medical Education.—The Detroit Medical College and Michigan College of Medicine have fixed their requirements at three graded courses of six months each, in three separate years, together with an additional, optional but strongly advised, spring course of fourteen weeks in each year. The Michigan *Medical News* says "the above facts place Michigan in the van of the cause of advancing medical education."

Dr. Pliny Earle, the Superintendent and Physician of the Southhampton (Mass.) Lunatic Hospital, an accomplished practical alienist of great experience, has undertaken the labor of ascertaining precisely the exact proportion of permanent recoveries that have taken place in the Hospitals for the Insane of the United States, during the latter half of the present century.

Soap for Imbedding.—The editor of the American Monthly Microscopical Journal, from reading an article on "Soap as an Imbedding Mass for the Preparation of Sections," contributed by Dr. Heinrich Kadyl to the Zoologischer Anzeiger, is inclined to the belief that soap is the best and most manageable medium for imbedding that has yet been suggested, and describes the method of using it in detail. We can bear testimony to the value of soap for the purpose mentioned; further, the process is neither new nor original with Dr. Kadyl, but has been familiar to histologists for a number of years; and we would refer the *American Monthly Microscopical Journal* to a little volume published several years ago by Prof. James Tyson, entitled "Introduction to the Study of Practical Histology," for a full description of the process.—*Med. Herald.*

Post-Nasal Catarrh.—Dr. Joseph Rogers writes to the *British Medical Journal*, in the *London Medical Record*, which frequently contains useful hints for the general practitioner, I saw lately a formula for the treatment of post-nasal catarrh. It was, I believe, originally suggested by Dr. Duffin. It consists of oxide of bismuth, powdered gum acacia, and small quantity of muriate of morphia. This should be well mixed and then, if used as a snuff in severe coryza or post-nasal catarrh, it acts in a most charming manner. Cases of great severity and long duration have yielded to it after three or four days.—*Boston Medical and Surgical Journal.*

Personals.—Dr. Paul Broca, the distinguished French Surgeon, is dead.

Dr. Lyon Playfair, M. P, will come come to this country in August.

Dr. Wm. C. Boteler, U. S. I., at Otoe Agency, Nebraska, writes to us, "There is room in this state for regular physicians, the rapidly growing towns are over-run by Electics and every variety of Empirics."

Prof. Gross has again sailed for Europe, in spite of his well known determination never to do so any more. At the earnest solicitation of many of his friends, he has gone to attend the Annual Meeting of the British Association, held in August at Cambridge. It is generally understood that Cambridge University will duly improve this opportunity and confer upon our distinguished professor the title of Doctor of Laws; so that when he returns he will be LL. D. Cantab , as well as D. C. L. Oxon. This will be an additional cause of confusion to some of his correspondents, for since his receipt of the latter ti le in 1872, letters have been constantly coming to the College addressed to Prof. S. D. G. D. C. L. Oxon. We personally do not care how many such names they call him, provided that he will continue to remain with us for many years, teaching sound principles and successful practice of surgery.—*College Record.*

Dr. J. G. Hyndman, of Cincinnati, reports in the *Lancet and Clinic*, his experience with boracic acid in the treatment of Gonorrhœa .Dr. Hyndman says:

"In all, then, I can report five cases treated by boracic acid injections, without the assistance of any internal midication. Gonorrhœa is known to be more difficult to cure in persons who have had previous attacks. Yet three out of these five cases had had the disease repeatedly, and the relief to these three was quite as prompt as to the other two. Not one of these cases was seen until after profuse discharge had commenced. Four were in this stage and the other in the fifth week of the affection. Every one of these patients experienced a decided amelioration of pain after the first injections, and in only one did the discharge continue more than ten days after beginning of treatment. This case—the one bordering on gleet—was not wholly cured for four weeks. I instructed each of my patients to practice the injection three or four times daily; in future cases I shall advise only morning and evening injections after the complete cessation of pain.

My experience with these few cases has led me to the conclusion that a one per cent. solution (about five grains of boracic acid in one fluid ounce of water) will be of sufficient strength for general use."

The *Boston Medical and Surgical Journal* says: "Another case of death from chloroform, used as an anæsthetic, has occurred in this city. The doctor who was making the operation (a minor amputation for a crushing injury) and the lay friend who was giving the chloroform were exonerated from all blame by the coroner's jury, because it was found that the patient had valvular disease of the heart and fatty degeneration of the muscular substance of the heart, although he was a man less than thirty-five years old. It was in evidence that ether had first been used, and that the reason of the substitute of chloroform was the fact that anæsthesia could not be (or was not) induced by the ether. But very little ether was administered, and for a very brief period. The testimony was strong that only a very small portion of chloroform was used, and that it had been used cautiously."

New York spends about five millions of dollars in charity and pauper relief of various kinds, each year. Nearly one-half of this is raised by taxation, the rest being donated by charitable persons. This amount does not include the value of services gratuitously rendered by the medical gentlemen of that city.

Over ninety-eight tons of quinine are annually consumed. The cost is about twelve millions of dollars.

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THOMAS A. ASHBY, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

ORIGINAL PAPERS.

PATHOLOGICAL HISTOLOGY OF THE VACCINE CRUST.

N. G. KEIRLE, M. D., BALTIMORE, MD.

SECTION 1.—Vaccine Crust is a term applied to the product of a specific lesion. The word crust serves to distinguish gross appearance and conspicuous property, it denotes matter in varying and relative degree of dessication, inspissation, friability and adhesion; but conveys no information as to ultimate composition. Crusts differ chemically, histologically, and in pathological cause and process. It is not the object of this inquiry to enumerate and describe the varieties of crusts but it is pertinent to note the vast difference between a crust that has had as its antecedent the pathological process named Necrobiosis, and another crust which is is the resultant product of a Necrosis.* In the former the microscope exhibits a debris devoid both of the intimate forms and processes of †vitality and the further information obtainable is only such as chemistry affords. In the latter, (the incrustation of the product of a Necrosis) the intimate forms of life, the tissues in their minute structure are distinctly and distinctively evident, though the macroscopic appearance and property may have utterly vanished: *nothing can be less like a piece of skin than a Vaccine Crust, yet a Vaccine Crust is a piece of skin.* Nor are the intimate processes of life, necessarily, destroyed in Necrosis; for, the necrosed product, the sequestrum,‡ the slough may be ingrafted, implanted, transplanted, this is not asserted of a macroscopic, but of a microscopic mass. Surgically, a piece of conjunctiva in gross mass is excised and successfully grafted homologically; but, a slough of the conjunctiva is histologically as much a piece of conjunctiva as though it had been cut out; yet, it would probably fail to live when grafted in gross mass; because, in Necrosis the disturbance of §vital motility is of longer duration and, it may be, of greater degree: in either case, how-

*A product whose mode of motion is the resultant of the composition of a vital and a lethal force.

†Life, vitality=vitalized matter.

‡Case of Osteoid Chondroma of Humerus and osseous Emboli in the lungs. Dr. Moxon: Cancer Discussion, "Lancet," London [Foreign and Colonial Ed.] April 11th, 1874.

§Vital motility=vitalizing motility?

ever, the greater the mass the less the probability of re-establishment of nutrition. Minute cancerous sloughs have sunk throughout the spinal canal from the medulla oblongata to the cauda equina, lodged in the latter and there lived with malignant vigor. From a cancer of the rectum, peculiar structures the crypts of Lieberkühn have been wafted per venam to the liver and after somatic death have been discovered, organically, alive in embolic transplantations therein. Which fact has been misunderstood and misconstrued into an hypothesis that the disease [cancer] exerts "an * impregnative, spermatic influence;" or, expressed in other words, the cancerous material, having received a rectal assimilative impre s or impulse, is able by exertion of this force to originate in the liver the indigenous structures of the rectum.

Let us return to the immediate subject by remarking that the cutaneous connective tissue contains as remarkable structures as the intestinal tract, namely the perspiratory apparatus, and these formally unmistakable organisms may be observed in the Vaccine Crust; which when used is turned bottom upward and from its pedicle, its root, its core the matter is taken, which matter contains much more than vaccine virus, it is indeed a slough, a connective tissue offcast pervaded by cell proliferates. Whether the much-more can produce any impression plus vaccinia may be an open question; but, *the histological revelations do not tend to strengthen confidence in the crust and it is well that its use is rapidly going out of fashion.*

Some poisons seem to to be dependent for their activity upon the life of the protoplasm (animal or vegetable) which contains them, when the pro toplasm dies they become inert. Vires, produced in inflammations of those tissues which are developed from the middle layer of the blastoderm, form a large class in the animal subdivision of this toxicological department, which under the order cellulitis has family groups and generic examples in pleuritis, peritonitis and synovitis; phlebitis and lymphangeitis.

The virus of small pox by permanent varietal differentiation in the lower animal becomes vaccine and as such inherits the idiosyncracy now under consideration, whilst its variolus ancestor belongs to that distinct department which resists organic molecular death, and exists independent of the vitality of the bioplasm, persisting despite putrefaction and amidst putrescence.

All poisons, whose existence, transferrence or propagation depends upon animal protoplasm, are strictly contagious.

The virus of rabies canina and of syphilis, the venom of the snake and the black vomit of yellow fever are impotent in the stomach; because in the first three the toxic energy is contingent upon the vitality of the protoplasm which is digested; in the last the protoplasm is twice exposed to digestion, first in the stomach of the patient, secondly in that of the recipient, moreover the poison of yellow fever possibly does not subsist in animal protoplasm, its habitat is botanic, its disease infectious.

Many poisons are posthumous offsprings of matter. All these modes of motion and others not a few disturb and destroy the order of the going of vitality.

—"God's ordinance of death is blown on every wind."

SECTION 2.—It has been shown that gross form may disappear, and minute structure persist; conversely, it will be seen that essential alteration of minute form may take place without apparent change in macroscopy. When a section of an amyloid kidney is immersed for a moment in dilute

*Dr. Moxon, Adjourned Discussion on Cancer, Pathological Society of London, "Lancet" London [Foreign and Colonial Ed.] April 11, 1874.

liquor iodi, it [the section] looks as though sparsely sprinkled with red pepper, which speckles magnified are recognized as enlarged Malphigian glomeruli and are in color a murexide, tyrian purple, if the iodine be dissolved out these red specks disappear, if the iodine be re-applied, they reappear, which re-action may be renewed over and over, and from time to time; but, at length, after a variable period the tissue ceases to respond to the test, now it will be found upon microscopic examination that its minute structure has undergone disintegration; has broken up in sitû into irregular shaped, straight lined granules; the general form and likeness of cell, tube and tuft remain, but the special distinction is analagous to that between a design followed out on the solid block [sculpture] and a like design inset by Mosaic tesselation.

Muscle offers a prior modification as an incipient stage of the above process; the continuity of the fibre is interrupted at regular intervals by transverse disruptions, which give rise to a deceptive appearance of very broad striation (the inclusions between the striæ are Bowman's disks). Some microscopical friends were staining with picric acid and carmine the muscle tissue of fish, which was in a condition familiar to epicures as high, a specimen unique in very broad striation was achieved, whereat other microscopical friends more knowing perhaps in this particular alone smiled in very broad derision.

The gross form of the kidney and muscle has sustained no manifest change though the minute form has suffered molecular death and disintegration; the vaccine crust also in gross still retains its identity, though broken up in minutiâ, and therefore inert in specific property.

It has been before stated that gross form and property may be lost and the intimate form and process be preserved; moreover that the minute form may be essentially altered and the likeness in bulk be unchanged, and this notwithstanding the abolition also of intimate vital property or process; for example the organic function, process or property of vitalized matter denominated impigmentation; so long as the tissue, the cell, the protoplasmic molecule can secern or secrete, appropriate or retain coloring matter whether derived from the pigments of the body or abstracted from the dyes of art—so long as this vital function (impigmentation) exist so long does organic life persist in spite of somatic death, the state is that of necrosis in contradistinction to necrobiosis, until this latter shall supervene the disturbed, sundered relations may be resumed in the same body, restored in another body of its identical kind or in some like species of body; it is hardly necessary to explain that the retention and exertion of property, process and function under natural conditions are not even similar to, much less identical with mere artificial retention of form and color; these observations do not predicate vitality of macroscopic or of microscopic embalmment.

There is an ante-mortem necrobiosis a result of disease, the modes of its process are various and must not be confounded with that unvarying mode of post-mortem necrobiosis heretofore described, the appearances in which are microscopic particles of uniform size and orderly arrangement with the rigid, right-line contour, of inorganic rather than of organic life, indicating the Ultima Thule, the confines of the animate and the inanimate.

—"That border land where doubt and darkness are the foes of light."

The post-mortem necrobiotic phenomena just mentioned are common both to animal and vegetable tissue, when the more violent destructive agencies are averted; they are "crumbs of comfort" to a microscopist when viewing spoiling slides. It is not an overstretch of imagination to suppose that this systematic mode of minute piecemeal disintegration is a

condition precedent of petrifactive substitution and conservative of the microscopic structural form in fossils thus enabling the paleontologist to classify them.

SECTION 3.—We end with the beginning and begin the end by noticing briefly the semiology of vaccinia, which some manuals of dermatology liken to the eruption of variola and designate its phases as first erythematous, second papular, third vesicular, fourth pustular, fifth crustaceous. The fourth stage that of pustulation must for a little while arrest attention. A pustule is not a minute abscess, though it may end in one. The cutaneous papillæ may be covered with pus and infiltrated therewith, yet resolution may occur without loss or permanent displacement of tissue. *Fifty per centum of small-pox cases do not pit, pitting results only when constitutional vice or extraneous irritation converts the pustules in abscesses, or when the cachexia styled by the Germans diphtheritic, sets up in the pock an ante-mortem necrobiosis. Does the vaccine product inevitably suppurate either as pustule or abscess, or is this occurrence only an accident of constitutional vice or extraneous irritation? If a humanized crust be used in vaccination a septic slough is ingrafted and suppuration is unavoidable, but if pure, non-humanized lymph be used in a constitution up to par standard of health, the contents of the vesicle the lymph does not suppurate, and no minute subepithelial abscess is formed, neither does a metastatic abscess occur by collection in this situation of purulent leucocytes, which have strayed upwards from a subjacent dermal pustule, nor is it certain that pustulation, even of the derm itself exists. I have not been able to assure myself of the presence of typical pus, though the component tissue of the crust is permeated with cells, corpuscles and granules resembling lymph cells, indifferent granulation cells, neutral corpuscles more nearly than the type-form of pus. The vaccine crust, the slough is extruded, separated, thrown off by ulceration in the cellular tissue beneath and in the surrounding skin, that pus is herein, during this process formed may not be disputed. Small-pox often does not pit; vaccination always forms a cicatrix full of little pits; pustulation of the skin does not of necessity scar; sloughing of the skin must result in a cicatrix, and the regenerated epithelium, overlying the stretched and disrupted dissepiments of the areola tissue and depressed into them, gives rise to the characteristic appearance.

The procedure of the product of vaccination is *ab initio*; as follows, after some days at the site of the then healed abrasion erythematous papulation recurs,† which if it be always present as a distinct phase is so quickly followed by vesiculation as to habitually escape differential observation. A slightly sanquinolent vesicle on a hard base is the first sign which is obvious, often when first seen its centre has already lost its fluid and settled down as a small, dry, adherent blood-stained cuticular scab; the circumscribing ring of vesiculation extends upon its outer border whilst its inner border by drying augments the included scabbing area, until finally

* Indeed of one hundred patients affected with variola vera, hardly fifty will afterwards present cicatrices.

Hebra on Diseases of the Skin, New Sydenham Society, Edition 1866, Vol. 1, page 267.

† Sometimes, during the operation of vaccination, there supervenes immediately a sort of papulation around the lesion so like a wheal of urticaria that a description of the latter by Filbury Fox, M. D., is a portrait of which the former is a miniature. "These wheals vary in size and shape, they may be linear, bandlike, irregular in outline or oval, the white centre feels hard and raised may be small and the red halo large, or a large red patch may whiten at two or three points in its area." This sign betokens a successful operation, makes an affirmative response to the primary, local irritation which is confirmed by the subsequent erythematous papulation, that recurs as a local recrudescence of secondary, constitutional irrition.

the well known counter-sunk, scabby, crustaceous product is fully formed. The outlying circumscribed erythema of over an inch radius, the surround and subjacent circumscribed phlegmon of about like size in every dimension require mere mention, these being signs common to cellulitis which circumscribed or diffused, of greater or less extent and intensity is present in many morbid processes especially in those produced by animal virus or venom and in many of these diseases as in that under discussion the termination is sloughing of greater or less extent. Vaccination causes *cellulitis which results in a slough the dry cutaneous mortfacta known as the Vaccine Crust, sections of which show microscopically, the following histology; first a layer of epidermal scales, beneath which are the cells of the rete mucosum tinged with coloring matter from the effused blood giving them the hue of an aniline-grey; next below and likewise colored are the papillæ and interpapillary furrows, still deeper are the hair follicles and the broad translucent † bands of elastic tissue; lastly, a wide-meshed coarse-threaded, irregularly-branching connective tissue, upon, in and between the trabeculæ of which, cell proliferation is excessive; in this tissue also may be seen the sudoriparous glands and ducts,‡ unless the cellulitis be so exceptionally comprehensive as to implicate and destroy them.

The vaccine product grossly metamorphosed, and completely disguised as a crust, might masquerade forever were it not for the detection of microscopy, which shows it to be minutely made up of the intimate cutaneous forms and structures in sitû, wherefor path-'istologically considered *the vaccine crust is a necrosed product, a slough, a caput mortuum of the skin, but nevertheless a caput with all its features distinctly and distinctively recognizable.*

CRITICAL EPILOGUE.

"Methinks he doth protest too much!" If this essay be one-half truth, it is as much as can be expected, all political, historical, literary and scientific productions upon exact analysis yield fifty per cent. of exuviæ and refuse. "My offending hath this extent no more,"—be the vaccine product what it may, papulo-erythematous, vesico-pustular, pustulo-crustaceous, each in turn, *the crust which results and remains can be demonstrated to contain slough in large proportion; say, fifty per cent., therefore, it should not be used since material free from such cantamination can with facility be obtained.*

*Cellulitis Venenata Circumscripta.

†Specimen is mounted in Canada Balsam,

‡ If the primary irritation go on to inflammation it will abort development altogether, or the nature of the secondary inflammation may become such as to interrupt at any stage the completion of the procedure, and although completed the product may suffer purulent or other dissolution; the first is a frequent event, but very rarely the serial manifestations proceed normally up to their last period, when a thin, tough, firmly adherent scab is formed which is subsequently destroyed by detrition or otherwise; less rarely the surface of the ulcer is covered with a honeylike-yellow, eczematous incrustation so very friable as to crumble easily into small and useless fragments; the latter mode of termination is classed as false vaccinia; their relation to true vaccinia may be similar to that of chancroid to chancre: of all, the pathological process is necrobiotic not necrotic.

PEDICULOPHOBIA.

BY JOHN MORRIS, M. D., BALTIMORE, MD.

(*Read before Baltimore Medical Association.*)

I propose to read a very brief paper to-night on a subject which has not been treated, or, if so, it has escaped my observation. It embraces a description of a rare and singular form of mental trouble not important or worthy of much consideration, save as a manifestation of psychiatric disturbance, and, therefore, curious to students of psychical phenomena. I have named this disease Pediculophobia, or the fear of lice. It is a form of insanity characterized by a

single delusion, which delusion begets a morbid and constant fear. The few cases that I have seen presented similar conditions. The patient comes to you with a statement that he, or she, (for this monomania exists in both sexes) is suffering from pediculi either in the head or the body. Women generally select the head as the seat of the irritation, and men the body. These persons are always intractable in their belief, and no amount of reasoning or persuasion will convince them that they are suffering solely from a delusion. It may be possible that some degree of formication may exist, due to peripheral irritation of the cutaneous nerves, which may afford some foundation for the mental disturbance alluded to, but of this I am not certain.* Doctor Hammond, in the "*Independent Practitioner*" of March, 1880, describes, under the name of mysophobia, a disease of a somewhat similar character, which he thinks has not received that attention from psychiatric physicians which its importance deserves. Mysophobia, or fear of pollution, is characterized by illusions in regard to the existence of filth and a consequent morbid fear of defilement. Patients suffering from it, according to Doctor Hammond, are constantly washing their hands and using other means to remove taints supposed to be contracted from surrounding objects. Doctor Hammond's descriptions of these cases are very curious and interesting, but, like all the doctor's experiences, somewhat highly coloured, if not sensational. The phenomena described by Doctor Hammond have been long since observed by medical men practicing in insane asylums, but were never distinctly brought to the notice of the general profession by any written description. The late Doctor Fonerden, who for so many years was connected with the Maryland Hospital for the Insane, and who was himself, I am convinced, a monomaniac on the subject of masturbation in women, believed that these frequent washings and efforts to remove foul taints were solely proofs that the patients were the victims of secret habits. How far this may be true I have no means of knowing, but Doctor Fonerden was as firmly convinced of it as he was of any truth in medicine. I remember very vividly the strong disgust he created in the mind of my friend, Dr. Miltenberger, in a consultation, by the expression of the opinion that the lady, Dr. Miltenberger's patient, who was a highly virtuous and exemplary women, was addicted to masturbation, and that her insanity was due to indulgence in this vicious habit. He based this judgment on the simple fact that whilst he and Doctor Miltenberger were examining into her case she was constantly engaged in wiping her fingers on a towel. It appears to me, however, that it requires very little to convince those who devote themselves to special hobbies, particularly alienists, of the truth of any preconceived idea that they may have created out of their own consciousness, and it is marvelous the amount of ingenuity they display in their efforts to convince others of the importance of their discoveries.

The symptoms of pediculophobia, as I have before mentioned, are confined to a single delusion. In treating patients suffering from this malady, this delusion must be respected for all efforts made to convince the patient of his or her error only lead to an aggravation of the trouble. The means I have adopted in the few cases that have come under my observation have been as follows: I profess a

*An interesting case of this character is at present to be seen at Spring Grove Asylum, under the care of Dr. Gundry. The patient, a modest woman, in all other respects, will lift up her clothes to the waist to point out to the Doctor the source of annoyance. In her case the supposed objects of her search are not confined to pediculi but embrace other forms of vermin.

profound belief in the statement of the patient, and the presence of the pediculi. I make a very careful examination, using a magnifying glass for the purpose, for the patient will often assure you that these objects cannot be seen by the naked eye. I then prescribe baths and detergent washes, which serve to keep the patient employed and amused. I never have prescribed internal remedies, such as bromide of sodium and tonics, but I have no doubt they would serve a good purpose, for there is always an element of melancholia in these cases, as well as nervous debility, due to constant worry of mind. Doctor Hammond says, that in mysophobia there is a continued tendency to constipation, and for this he recommends the administration of podophyllin and inspissated ox gall. I have no doubt that this same condition exists in patients suffering from pediculophobia, and no better prescription, perhaps, could be given in such cases.

The prognosis in pediculophobia is never encouraging. The patients generally go from one physician to another until they have exhausted both the doctors and themselves. I am not sure that they ever recover from the delusion, but if patients from mysophobia recover, as Dr. Hammond asserts, I cannot see why sufferers from this corresponding malady should not be restored to health and reason.

I am constrained to believe, however, that both the ailments described not infrequently terminate in hopeless insanity.

Medical Students in London.—The following table gives the number of students at each of the London Medical Schools: St. Bartholomew's, 86; Guy's, 81; University College, 71; St. Thomas's, 35; London Hospital, 33; Charing Cross, 32; St. George's, 30; King's College, 26; St. Mary's, 24; Middlesex, 24; Westminster, 19; London Women's School, 9.

REPORTS OF CASES.

TUMOR OF SCIATIC NERVE-EXCISION, TOGETHER WITH FIVE AND THREE-QUARTER INCHES (5¾) OF NERVE.

BY L. MCLANE TIFFANY, M. D., BALTIMORE.

Professor of Operative Surgery, University of Maryland.

The following case, although not yet completed is thought to offer points of interest sufficient to warrant publication. The physiological observations will be reported later.

W. B., male, ship carpenter aged 60 years, applied for treatment, giving the following history: Eight months previously he noticed that in walking upon rough ground he was apt to trip with his left foot, later the toe drooped, then loss of power was absolute in foot and leg, but no pain was felt. Various "strengthening liniments" were used.

After a month or two, pain appeared extending downwards from the middle of the thigh; now for the first time a lump was noticed at the back of the thigh. Pain was paroxysmal in commencing, but the intervals of ease became shorter and shorter, until at the time of consultation, April, no rest by night or day was obtainable, except by means of opium.

Examination showed W. B. to be well nourished, though spare, to be rather below than above the normal intellectual standard, to have an impediment of speech, to have a hard palate more arched than normal, and to have scattered over his body many tumors of fibroma molluscum. Hair black, streaked with grey, eyes grey. The molluscum tumors had been present for many years, when they first appeared he cannot say, but he is confident that in childhood his skin was smooth. How much credit to attribute to this statement is doubtful. The tumors presented the usual characters, the largest half an inch in diameter was situated upon the right

wrist. A number of tumors were scattered through the scalp, a few only carried hair. No hereditary diseases could be made out, he being an only child, and knowing but little of his parentage. No indications of syphilis. At the back of the left thigh in the connective tissue between the flexor muscles was a tumor somewhat larger than a closed fist, the upper end being probably within four (4) inches of the sacro-sciatic foramen It was fusiform in shape, the long diameter corresponding to the known direction of the sciatic nerve, not connected with either skin, deep fascia, or bone, freely movable from side to side, less so from above downwards, and any position tending to stretch the sciatic nerve rendered the tumor less movable. Pressure upon and handling of the tumor caused pain in the whole area beyond the neoplasm, supplied by the sciatic nerve. No glandular enlargements. In reply to the constant current, there was slight re-action in the part of the gastrocnemius, and even less of the anterior tibial, while the peronei gave no response. The diagnosis of tumor involving the sciatic nerve was clear; its removal was advised together with as much of the nerve as might seem proper, when it was exposed. The treatment being accepted, I removed the tumor through a long incision, it was encapsulated, the sciatic nerve passing through the capsule, the nerve above the growth was swollen and gelatinous looking, it was cut across one (1) inch from the tumor; distal to the growth the nerve looked to the eye normal, it was about to divide into the two popliteal branches and was cut across. Hæmorrhage insignificant, pain, except such as results from any cutting operation, was not felt after recovery from ether. The wound healed rapidly.

The length of sciatic nerve excised was 5¾ inches.

The tumor was light yellowish white in color, with a firm white capsule. Through this capsule the nerve penetrated some fibres traversing, some skirting the growth. In the lower end of the tumor was a cavity, ragged, containing blood and broken down tissue, no pus. The microscope shows long fusiform spindle cells, generally with one nucleus, sometimes with, however, two bloodvessels and nerve fibres. A spindle cell sarcoma. At the present time two and-a-half (2½) months after operation, the wound is soundly healed with no apparent return of the growth; there is absolute paralysis of motion and sensation in all parts supplied by the sciatic nerve below the site of tumor. The flexor mucles of the thigh receiving nervous filaments from above the nerve section act to some extent, but of course, feebly; the course of the long saphenous nerve in the skin of the leg and foot is well marked by continuance of normal sensation. Constant current produces a very faint quiver in gastrocnemius but no where else. To twenty cell current applied with wire brush absolute insensibility except over course of long saphenous nerve.

The patient walks very well without a cane. Motion preserved to so great a degree, surprised me as well as the relatives of the patient, for I had given an unfavorable prognosis in regard to locomotion. W. B. was stripped and made to perform certain movements the better to observe the action of the paralysed limb.

In walking the left knee was kept slightly bent, the quadriceps extensor cruris being always in action, thus markedly differing from the hemiphlegic movement, in which the knee becomes fully extended with a jerk, the crucial ligament regulating the position. W. B., walked with his eyes closed and stood erect without "swaying." He was made to stand on the left leg and raise his right. This he effected by bending the knee and throwing the quadriceps into strong action. He wavered much in executing this action.

Going up stairs was effected slowly, one stair at a time the well leg in advance, the left knee being bent. He stepped into a carriage in the same way, standing on the affected leg with the knee bent then raising the well leg and putting it forward. The left foot hung perfectly flaccid from the ankle and took proper position when carrying weight. When walking with his eyes closed he could stop, bring his heels together, and when told to, go forward again. It was apparent in all his motions that he relied upon and was guided by the quadriceps of the affected limb; this muscle he threw into action and when properly tense then he used the other (well) limb, or in other words that the "muscular sense" of the anterior thigh muscles compensated to a great extent for the sensibility which no longer existed below the knee, excepting, of course, in the territory supplied by the long saphenous nerve.

The question of "muscular sense," "sense of expended exergy" or whatever name may seem proper, need not be discussed at present since W. B., will shortly submit his limb to a series of observations when he shall have recovered thoroughly from his confinement within doors.

The occurrence of fibroma molluscum coincident with a tumor upon a nerve is one of more than passing interest.

It has been already noted by Dr. I. E. Atkinson, *New York Medical Journal*, who records a case where several neuromata were present, the largest affecting the ulna nerve, and he suggests the plausible explanation that the condition of system inducing connective tissue hyperplasia in the skin may also induce like increase in the nerve sheathes.

While this explanation might apply to fibroma and false neuroma, yet, as W. B., possessed a sarcoma in relation with the sciatic nerve, sarcomatous degeneration of a fibroma molluscum tumor should be adduced, thus tending to show that not only physiologically but also pathologically the growths are analogous.

SOCIETY REPORTS.

CLINICAL SOCIETY OF MARYLAND.*

MEETING HELD APRIL 2ND, 1880.

CHRISTOPHER JOHNSTON, M. D., President, in the Chair.

EUGENE F. CORDELL, M. D., Reporting Secretary.

ACUTE SENILE GANGRENE. — *Dr. Coskery* reported a case (published in full in the issue of this JOURNAL for June 15.)

URAEMIA.—*Dr. Quinan* read a very elaborate paper upon this group of morbid phenomena (which, owing to the press of matter and the desire to give the paper unabridged, must lie over for a subsequent number of the JOURNAL). The conclusion reached, was that urea has nothing to do with these symptoms, but is an agent incapable of doing damage when found in the blood in excess; and that hence, our knowledge of the ætiology of uræmia is exceedingly imperfect.

Dr. I. E. Atkinson, in replying to some of the points of Dr. Quinan's paper, said that in his experience, uræmic symptoms are less likely to occur in the granular form of Bright's Disease than in the parenchymatous form: it is true that we do have nausea and headaches in the former. Other distinctive features of the two forms are: in granular nephrititis, troubles resulting from disease of the blood vessels, urine increased in amount to twice the quantity of health or more; cardiac hypertrophy followed by valvular lesions; narrowed capillaries requiring increased force to propel the blood. In the

* NOTE.—The above is the correct title of this Medical Society, which, through misapprehension of the Secretary, has heretofore been called in the reports, published in this JOURNAL, "The Baltimore Clinical Society." Its membership is open to all physicians in good standing, residing in the State of Maryland.

parenchymatous form, both urine and solids are diminished, and serious diseases occur indicating a poisonous element circulating in the blood.

Dr. Arnold, in referring to Dr. Quinan's paper, considered it an excellent resumé of the objections that may be raised against the uræmic theory, in explanation of the nervous and eye symptoms which are likely to occur in the course of Bright's Disease. It is especially noteworthy, that in cases of prolonged suppression of urine from other causes than actual renal disease, the so-called uræmic symptoms are slow in making their appearance. Quite recently, an instance of this kind came under his notice, in which no urine had passed for eight days, without giving rise to any serious symptoms At this period, however, tumors and convulsive movements of the extremities began to establish themselves, and death, which for the last twelve hours was preceded by gradually deepening coma, took place on the tenth day. The opinion is gaining ground, that the uræmic theory should not be so absolutely accepted as formerly. That the non-elimination of urea may be reasonably supposed to exercise a deleterious influence can hardly be denied, though the undue presence of this substance sometimes fails to manifest any morbid phenomena. This may be owing to the resistence that the system makes to its noxious effects. But it is very probable, that the products of imperfect deoxidation, such as leucine and tyrosine, or other undetermined blood changes, play an important part in the development of toxæmic symptoms in Bright's disease.

REPORT OF AMERICAN NEUROLOGICAL ASSOCIATION.

HELD IN NEW YORK CITY JUNE 16 TO 19 INCLUSIVE.

The Annual Meeting of the American Neurological Association, convened at the Academy of Medicine, in the City of New York, June 16th, 1880, and was called to order by the President, Dr. F. T. Miles of this city. Thirteen members were present. Dr. E. C. Seguin, Recording Secretary and Treasurer, made his annual report, which was accepted.

Dr. G. M. Hammond, of New York, Dr. Isaac Ott, of Easton, Pennsylvania, and Dr. W. R. Birdsell, of New York, were nominated for membership.

The first paper was read by Dr. Wm. A. Hammond, of New York, entitled *Myxœdema, with Special Reference to Its Cerebral and Nervous Symptoms.* Myxœdema was described by Dr. Hammond as a disease which had for its patho-anatomical feature, the deposit of a mucoid substance in various parts of the body, especially in the skin, or a degeneration and proliferation of the connective tissue; probably both these conditions co-existed in some tissues. The tissues were elastic and not boggy as in ordinary œdema, though the resulting appearance was very much the same. The face resembled the appearance resulting from the toxic effect of arsenic. The fingers were clubbed at their extremities. The disease had occurred in adult women. Cerebral and nervous symptoms were very decided.

Dr. Hammond's paper was discussed by Dr. Jewell, of Chicago, and Dr. Miles, of Baltimore.

Dr. S. G. Webber, of Boston, exhibited some microscopic specimens showing a section of a swollen axis cylinder in myelitis.

The specimens were obtained from a patient who was exposed to a sleet while riding a distance of twenty-five miles. The next day he began to feel much numbness in his feet and legs. Sensation was impaired in both legs and part of his body. Later all power was lost. Thirteen days after the attack he died. The specimen presented by Dr. Webber, showed the enlarged axis cylinders and all the appearances of myelitis. The gray matter was more or less affected. Remarks upon these specimens were made by Drs. Miles, Jewell, Beard, Hammond, Gray, Seguin, Putnam and Bartholow which elicited quite an animated discussion, in which the subject of treatment of acute myelitis was fully presented.

Dr. Jewell advocated large doses of strychnine and absolute quietude. Dr. Beard agreed with Dr. Jewell as to treatment of these cases. Dr. Hammond agreed with Dr. Jewell in regard to the efficacy of rest, but disapproved of the use of strychnia and regarded it as dan-

gerous practice when employed in doses of one-tenth of a grain four times daily as recommended by Dr. Jewell.

Dr. Seguin did not believe that any amount of strychnine, ergot or iodide of potash would cure destructive myelitis. Dr. Bartholow suggested that the cases reported cured by Dr. Jewell upon the treatment of strychnia and iodide of potash were syphilitic, upon this theory only could he account for the result. He believed strychnia could only aggravate in acute myelitis.

The next paper was read by Dr. J. J. Mason, of Newport, R. I., entitled: *Microscopical Studies of the Central Nervous System of Reptiles and Batrachians. Diameters of the Nuclei of the Nerve Cells in the Spinal Cord.*

This paper was discussed by Drs. Miles, Mason, Spitzka, Hammond and Putnam. The next paper was read by Dr. Roberts Bartholow, entitled the *The Transfer of Sensation.* Remarks upon this paper were made by Drs. Putnam, Beard, Jewell, Spitzka and Miles.

Dr. Landon Carter Gray, of Brooklyn read the first paper at the evening session on *The Use of Quinine with the Nervous Sedatives.*

Dr. Gray claimed that Quinine administered with the bromides, bellodonna and hyosciamus lessened the depression these drugs usually produced and at the same time increased the effect of these medicines in epilepsy, mania, etc. Dr. Gray's paper was discussed at some length. Dr. Jewell remarked that whenever there was nervous or muscular weakness in epileptic patients he was accustomed to use strychnia and found it exceedingly beneficial in combatting the depressing effects of a prolonged course of bromides. Dr. Webber was accustomed to combine iron with the bromides in order to counteract their depressing effects. Dr. Bartholow said as a rule, the bromides were not so efficient in weak and anæmic patients as in others unless they were combined with tonics. Chloral be thought of service in certain cases as its effects upon the brain were directly opposite to that of the bromides, causing hyperæmia rather than anæmia. Dr. Seguin quoted Brown-Séquard who believed that quinine was liable to precipitate the attack; he was in the habit of giving strychnia. Dr. Miles remarked that there was no danger from bromization. He had never found any permanent effect from the use of the bromides; he considered it a good plan to administer tonics in connection with them. Dr. Hammond believed that quinine in combination with bromide lessened the effect of the bromide upon the patient. He did not know of a single single combination that was beneficial to the patient except the combination of Fowler's solution with bromide to prevent acne.

The next paper was read by Dr. S. G. Webber, of Boston on *Water as a Prophylactic and a Remedy.*

This paper was a plea for the more liberal use of water as a beverage. The Doctor has found that many patients did not drink enough water. He thought this an American peculiarity. Reference was made to the value of water in the elimination of waste material from the system by the kidneys and skin.

Dr. J. J. Putnam, of Boston read a paper on *Stretching the Facial Nerve for Spasm.*

The second day the Association was called to order by Dr. Miles. Sixteen members present. The Committee on Nominations recommended the following officers for the ensuing year. President, Dr. Roberts Bartholow, of Philadelphia; Vice-Presideut, Dr. John C. Shaw, of Brooklyn; Secretary and Treasury, Dr. E. C. Seguin.

The first paper was read by Dr. G. M. Beard entitled *Experiments with the "Jumpers" or "Jumping Frenchman" of Maine.*

This disease was analogous to the mental or psychical hysteria which was so after observed during the epidemics of the middle ages. It was a trancoidal condition, a temporary trance induced by reflex irritation and the emotion of fear. In a certain sense Dr. Beard thought we were all "jumpers," an alarm of fire in a crowded building would have the same effect upon very many of us, producing a trance with convulsive movements.

These jumpers were modest, quiet, retiring people deficient in push and the power of self assertion. Jumping was hereditary, women were rarely effected

The disease was epidemic and mostly restricted to the Northern part of New Hampshire, Maine and Canada.

Dr. V. P. Gibney, of New York read the next paper on *Cervical Pachymeningitis.* This paper was based upon the study of three cases occurring in children. Dr. W. A. Hammond, of New York, read the next paper upon *Thalamic Epilepsy.* This paper was discussed by Drs. Miles, Jewell, Weber, Gray and Putnam.

Dr. Isaac Ott, of Easton, Pa., read a paper upon *The Bromide of Ethyl as an Anæsthetic.*

The next paper was read by Dr. G. M. Hammond on *Contribution to Jacksonian Epilepsy.* This paper elicited quite a lengthy discussion.

Dr. J. J. Putnam, of Boston, reported a case of *Acute Muscular Atrophy without Lesion of the Cord,* and next read a paper on *Numbness of the Hand.* Dr. Putnam's paper was discussed at some length by Drs. Jewell, Miles, Hammond and Seguin.

Dr. W. R Birdsell, of New York, reported a case of *Remarkable Tumor of the Enchephalon.* This tumor was a fibro-sarcoma, enveloped by the pia mater in the parietal region. It measured 7.5 c. m. in its antero-posterior direction, 7 c. m. transversely, and 4.5 c. m. in depth.

The Secretary read the following letter from Dr. Hammond:

NEW YORK, June 18, 1880.

To the Secretary of the American Neurological Association.

DEAR SIR:—I hereby offer to the American Neurological Association, the sum of five hundred dollars to be awarded by a committee of the Association, at the meeting in 1882, to the author of the best essay that may be written on *The Functions of the Optic Thalamus.*

I desire this prize shall be open to neurologist in all parts of the world, under such conditions as the committee may determine upon. Should no essay be deemed worthy of receiving it. I will continue the offer till the Session of 1883.

I also request that the committee may be appointed by the President at the present Session of the Association, and I should like to be allowed to confer with the committee before the final announcement of this offer in regard to certain points of inquiry.

Yours sincerely,

WM. A. HAMMOND.

Dr. Miles, Seguin and Jewell were appointed a committee to decide in regard to the merits of the papers presented for the Hammond prize.

Dr. E. C. Spitzka read by title only a paper on *The Homologies of the Mesencephalon in the Vertebrate Series, with the Description of a New Mesencephalic Ganglion.*

The next paper was read by title only by Dr. F. F. Miles, of this city, which consisted of *Histories of two cases of Idiopathic Ulnar Neuritis.* In one case there was intense pain and the absence of pain in the other, both presenting the symptoms of anæsthesia, paralysis and muscular atrophy with degeneration, reaction and recovery.

Dr. Gray, of Brooklyn read a paper on *The Diagnostic Significance of a Dilated and Mobile Pupil in Epilepsy.*

A paper by Dr. H. D. Schmidt on *The Structure of the Sympathetic Ganglionic Bodies* was read by title.

Upon motion it was decided to hold the next annual session in New York City.

ABLATION OF THE UTERUS was performed "by mistake" by a midwife in Germany. In a case of labor attended by her, she tore away, with violence almost inconceivable, what she considered "the rest of the afterbirth," but which was in reality the whole of the uterus. The ovaries and Fallopian tubes remained in abdomen. The uterus is preserved at Halle. The woman did not die, but on the contrary made a rapid recovery, and has since enjoyed good health.—*Proceedings of Medical Society of King's Co.*

SELECTIONS.

THE TREATMENT OF DIPHTHERIA.—Dr. Bloch (*La France Medicale*) has long employed, as his principle treatment in diphtheritic angina, dry cubeb pepper applied to the throat by means of a brush, and has obtained from it excellent results. He orders the application to be made every hour, with the administration of liquid food, wine, bark, etc. The false membranes are detached and not reproduced The application causes retching—sometimes vomiting.

These contractions of the pharynx are probably one of the elements of success. The absorption of the cubebs which the patients swallow also acts; this remedy has long been administered internally in membranous angina, and with satisfactory results. Lastly, the topical substitutive action has an important part in the happy effect of this treatment. It is easily used, and parents can themselves apply it to their children's throats. In catarrhal and pultaceous angina the same treatment succeeds marvelously — much better than alum, chlorate of potash, borax, tannin, etc.—*Medical Press and Cir.*

A NEW REMEDY FOR CHRONIC CYSTITIS AND OTHER CHRONIC INFLAMMATIONS.—Frank H. Hamilton, M. D., read a paper on this subject before the New York Academy of Medicine. In August, 1875, he was consulted by G., aged sixty three, for chronic cystitis. The patient had always been of temperate habits, except in tobacco. He had for a long time worked extremely hard, neglecting his health. A year before consulting Dr. H. he had been obliged to cease work on account of cystitis. He tried quite a number of remedies with no success. When seen by Dr. Hamilton he was emaciated and weak. He had to pass his water every half or hour, and at times suffered intense pain in the bladder. Appetite and digestion were impaired. He had no stone or enlarged prostate. His urine contained about twenty-five per cent. of pus with renal casts.

He was advised to drink flaxseed tea for its aperient and diuretic effect, to take a hot bath every night, and to ride horse back every day. The flaxseed tea was soon given up, as it disturbed digestion. The hot baths were soon discontinued. The plan of horseback riding was at first protested against, as the least jolting gave him great pain. It was, however, undertaken. At first the horse was walked very slowly. At the end of a month he was able to ride two miles. At the end of two months the pus had disappeared from the urine, and in six months he was completely well.

Dr. Hamilton said that this was not the only case which he had seen benefited by the same kind of treatment. A physician of New York City had suffered for a long time from chronic cystitis and pyelitis. Medicines and rest had been faithfully tried, but with no effect. He finally began drinking flaxseed tea and riding horseback. He was completely cured, but ascribed some of the good to the flaxseed tea.

Another physician with whom he was acquainted had suffered in the same way, and had been cured in much the same manner, though in this case the patient had driven in a carriage more than he had ridden—*Louisville Med. News.*

THE RELATION BETWEEN CARDIAC AND RENAL AFFECTION.—At a recent meeting of the Société Médicale des Höpitaux Dr. De Debruc discussed this question *apropos* of two cases he had recently observed. In the first patient, whose death was due to the impaction of a piece of meat in the pharynx, the heart was found enlarged, weighing 750 grammes. The hypertrophy was almost exclusively limited to the left ventricle. The kidneys at

first appeared normal. Histological examination, however, showed fibrous degeneration of the heart and interstitial nephritis. In the second case the patient died of pneumonia, and the heart was slightly enlarged, but almost normal, but the kidneys showed marked evidence of extensive interstitial nephritis. In the first case the disease had evidently commenced in the heart, in the second in the kidneys, and these two cases seem to prove that if cardiac affections may be consecutive to renal disease the reverse may also obtain.—*Med. Press and Cir.*

Bacteria in Health.—M. Nencki and P. Giascosa have again brought up the question: Are there bacteria or bacteria-gems in the organs of healthy animals? As is well known, Billroth and Tiegel answered this question in the affirmative, after A. Bechamp had first remarked the appearance of micrococci as normal constituents of organs. This question now arises because of the investigations lately made by Chiene and Cosart Ewart, in which the negative of the question was reached.

The method of research employed by Nencki and Giascosa was a double one. In the first place, organs were taken out of the abdominal cavity under the carbolic acid spray, and plunged into a metal alloy, which was in a liquid state and which had been heated to 120°. The surfaces of this alloy had been covered with a still stronger solution of carbolic acid. The organs were kept pressed down into the alloy until it cooled and congealed about them.

In the second place, a glass tube filled with quicksilver, closed at the upper end and five centimetres in diameter, was plunged into an open vessel also filled with quicksilver. This was then heated to the boiling point and this continued until the tube was probably one-third full of quicksilver fumes. After cooling to about 120°, a five per cent. solution of carbolic acid was poured over the surface of the metal. A freshly-removed organ was then plunged into the quicksilver and allowed to ascend into the tube.

In both cases the organs after remaining several days were found to be intensely offensive and filled with bacteria.

The negative results obtained by the English authors come from this fact, that the carbolic acid had operated too long upon the organs on which their tests were made. Kocher arrived at the same results as these English investigators, by making certain delays in the methods as laid down by them. —*Med. Neuigkeiten. Lan. and Clinic.*

Color-blindness as a Cause of Railway Accidents.—Dr. Keyser, who has spent eight months in examining train employees of railroads that center in Philadelphia, has found color-blindness in three and a half per cent. of the whole number so marked that they were not able to distinguish one color from another, while eight and a half per cent. although able to tell colors, were unable to distinguish shades, and were thus rendered incapable of performing duties required of railroad men. Two of the color-blind men had educated themselves to know that red is a bright intense color, as distinguished from green, which they described as dull; but when light green was put before them they called it red. They explained that the green light had at times shown red to them, and they had stopped the trains. But suppose the red had shown green!—*British Med. Journal.*

Treatment of Goitre.— Dr. Stevens, of Dunham, Canada, states (*Canada Medical Record*, February, 1880) that he has employed chloride of ammonium in the treatment of seven cases of common goitre, or simple hypertrophy of the thyroid gland, with most surprising and satisfactory results, Six of the patients

were girls under 20, and all of them were entirely cured after about three months of treatment. The seventh case was that of a married woman, aged 40, and the mother of several children. The tumour in this case was of enormous size, and the patient suffered a good deal from disturbances of respiration and circulation. She took the chloride two or three months, and at the end of that time the bronchocele was reduced one-fourth in size, and all the circulatory and respiratory symptoms were relieved. Treatment was discontinued, because she became pregnant. The dose used in all the cases was ten grains three times a day, but Dr. Stevens thinks larger doses might be useful in old cases. No other medicine of hygienic treatment was combined with the chloride of ammonium. In the cases of the six girls, the tumour had made its appearance about puberty, but in none of them was there any evidence of menstrual derangement or uterine disease,—*The London Med. Rec.—N. O. Med. and Surgery Journal.*

Treatment of Sterility.—At the meeting of the St. Louis Medical Society, held March 13th, a very interesting paper, illustrated by drawings, upon the treatment of sterility dependent upon endocervicitis and endometritis was read by Dr. A. C. Bernays. The treatment which is advocated he attributed to Dr. G. Simon. The reader held that sterility, and the dysmenorrhœa depending upon it, belonged as much to the domain of surgery as stricture of the urethra or fissure of the anus; that the swollen condition of the mucous membrane of the cervix caused a stricture of the neck, and this stricture was the cause of dysmenorrhœa and sterility.

The operation by which he proposed to cure this stricture is as follows: The patient is placed in the lithotomy position; the neck is split by incisions similar to those made in Sims' bilateral incisions. Now, it has been found that this procedure temporarily cures the leucorrhœa, but that the cut surfaces reunite, and the condition of the patient becomes worse than it was before. In order to prevent this, another step is necessary, namely, a wedge-shaped piece is cut from the anterior and posterior vaginal surfaces of the neck, the cuts running at right angles to the long axis of the uterus, and the base of the wedge being external; the surfaces of these wedge-like cuts are brought together by sutures, thus prying open the split cervix and exposing to view the internal os.

Dr. Bernays has performed the operation seventeen times. Up to December, 1879, he had treated fourteen cases in this way, and in regard to these was ready to give results: Five of the patients became pregnant, and three of them had been delivered. Of these five, two had been barren between six and seven years, one five years, and the other two between three and four years. The nine others, though they remain barren, have been relieved of their leucorrhœa.—*Boston Medical and Surgical Journal*, April 1.

Bad Effects of Tea and Coffee on Children.—Tea and coffee dietary for children is as bad in its effects as its use is now universal. Dr. Ferguson, an English physician, found that children so fed grew only four pounds per annum between the ages of thirteen and sixteen, while those who had milk night and morning, instead of tea, grew fifteen pounds each year. This needs no commentary. The deteriorated physique of tea and coffee fed children, as seen in their lessened power to resist disease, is notorious among the medical men of factory districts.—*Good Health.—Lancet and Clinic.*

MARYLAND MEDICAL JOURNAL

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BALTIMORE, AUGUST 15, 1880.

SPECIAL NOTICE.

Subscriptions to this Journal for the year beginning May 1st, 1880, Volumes VII and VIII, are now due, and subscribers are requested to remit the amount to this office during next thirty days.

Any subscriber desiring the Journal discontinued is requested to send a notice to that effect by postal card, otherwise the Journal will be mailed to his address for the coming year.

A large number of sample copies of each issue are mailed to different members of the profession. Any physician receiving a sample copy, and is desirous of trying the Journal for three months can have it mailed to his address for that time by remitting fifty cents.

Correspondence from members of the profession invited.

EDITORIAL.

THE BROMIDE OF ETHYL.—The attentive reader of medical journals has doubtless been amused, if not instructed, at the attempt which has been made upon the part of certain enthusiastic members of the profession to create an interest in behalf of the Bromide of Ethyl, as an anæsthetic. It is safe to say no agent which has been brought to the notice of the profession, during recent years, has been heralded with greater pompt and blow of trumpets than this anæsthetic, nor has any agent inspired more hope or promise of a long and useful career. The announcement of its startling properties was scarcely made by its warm and enthusiastic advocates before the professional mind turned to it with that confident trust which fathered the belief that an anæsthetic had been discovered which excelled the virtues of ether and occasioned none of those unpleasant symptoms which attended the administration of chloroform. It was believed by many that a safe, rapid and efficient anæsthetic agent had at last been secured, an agent which would rob anæsthesia of those unfortunate consequences which have been the dread of all surgeons.

The medical journals, ever ready to record the triumphs of scientific discovery, were the first to announce, in glowing eulogium, this new rival for professional favor. Soon followed reports of cases detailing the results of administration — marvelous stories of happy sleeps—next came testimonials in which symptoms are noted and data compared, and finally a "boom," such as commercial men only experience, advanced its claims to the highest pinnacle of fame. In the midst of all this rejoicing wise and careful men lose their heads, this professional pet is too severely tested, a death is recorded, a collapse follows, and this over praised agent dies a death as surely, if not as natural, as the death it is claimed to have occasioned. Now this somewhat colored story teaches a moral, and relates an experience which the profession should carefully consider. The moral recites the unwise effort to extol an agent upon insufficient testimony, and the impropriety of adopting conclusions which have not been verified by careful, systematic and detailed observation.

It will not be questioned that the Bromide of Ethyl is not a valuable anæsthetic, that much of the testimony which has been produced is useful in showing the true sphere of its anæsthetic action. At the same time the over zeal which has characterized its employment, the rash claims which were instituted, the attempt to popularize its discovery, established an over confidence in its virtues which is likely to destroy all of the good impression it had gained.

Not content to establish this agent upon its true basis its advocates have been hasty to sacrifice it upon that altar which vain hope and desire can only erect.

To expect impossibilities at this day, or at any time, is not the history or claim of science. This unquestionably has been the case with the Bromide of Ethyl. Too much has been claimed for it. Its advocates have transgressed the bounds of a legitimate scientific investigation and have generalized from data

either too carelessly or hastily assumed or unreliable in the information which they gave.

This hasty generalization has resulted in discrediting statements which may be of value, but which will now be discarded with such as were assumed. It is a noticeable fact that the disposition to condemn and discard this agent is as marked as a few months back when too much could not be said in its favor. The testimony which is being offered against it is as intemperate as that which extolled its properties in highest terms of praise.

The fair minded observer will not fail to see in this reaction of professional feeling towards this agent that spirit which is the foe to all scientific progress—the disposition to discard upon mere prejudice or illy formed opinion an agent which fails to come up to a standard of excellence unwisely conceded to it.

The argument is reduced to this proposition. Inasmuch as the Bromide of Ethyl is not up to that high standard claimed for it, therefore discard it absolutely as an unreliable anæsthetic. It is after this process of reasoning that many new agents are judged. Through an eagerness to grasp after new and untried remedies many are lead to take hold and let go with too much freedom, to praise or condemn with too little regard for accurate, systematic investigation.

Just at present a new favorite is upon the rack of trial, "Chian Turpentine." Mr. Clay, of Manchester, an authority of high standing, comes forward with a number of cases of cancer of the uterus cured by the administration of this preparation. Astonishing cures are related. The profession has turned to it with its usual eagerness for new specifics and statements begin to come in that the remedy is worthless. Just here a loop-hole of escape is offered for this remedy. It is an agent which cannot be produced at the will of manufacturing chemists. A pure article is difficult to obtain and Mr. Clay claims that the pure drug only cures. Here time must intervene before a hasty judgment can be formed. This delay will allow an opportunity for a cool and dispassionate judgment as regards the real merit of Chian Turpentine in the cure of cancer.

Unfortunately for the Bromide of Ethyl, impure preparations were not recognized, and prejudice has arisen before the correct test could be applied.

Had this anæsthetic been favored with an impartial and systematic course of investigation and its sphere of usefulness fully ascertained by a scientific spirit and method upon the part of those who were prominent in bringing it before the profession it doubtless would have maintained deservedly great popularity as a useful agent in producing anæsthesia in a definite class of cases. Thus for instance, in brief operations it seems to be happy in its effect and a striking improvement over ether and chloroform.

In the midst of an unparalleled triumph it has fallen so far in professional opinion that it will be next to impossible to restore it to its legitimate position as an article of the materia medica.

A MONUMENT TO PROF. CLAUDE BERNARD.—We desire to call special attention to the following letter from Dr. E. C. Seguin, of New York. The object of this communication commends itself to every reader of the *Journal*. Surely if any member of the medical profession has won an honorable position for his contributions to Physiological Science that man is Claude Bernard. He began life at a time when physiological knowledge was in its crudest state, and, perhaps, more than any man of his generation helped to bring "order out of chaos" and to establish this branch of science upon its present basis. For his illustrious services to science and humanity it is due the cause of truth that his deeds should be inscribed in suitable memorial erected by the free offerings of medical men throughout the entire world.

The readers of this Journal are invited to contribute to this memorial fund and to forward their contribution to Dr. Seguin. However small the amount each one may contribute it will help to swell the general fund.

Contributions sent to this office will be forwarded by us to Dr. Seguin.

NEW YORK, 41 West 20th Street,
July 31st, 1880.

Editor of Maryland Medical Journal:

Dear Sir:—Having been selected by

the Paris Committee (Messrs. Ranvier and Dumontpallier) having charge of the subscription for a monument or memorial to the late Prof. Claude Bernard, to represent them in the United States,—I beg leave to be allowed to use your columns for the purpose of appealing to the members of the medical profession and all others interested, to subscribe to this worthy project.

I need hardly remind your readers of the great debt which every practicing physician owes to the labors of the illustrious physiologist whose memory we are asked to honor in this way.

All inquiries and subscriptions, in the shape of bank checks or postal money orders should be addressed to me.

Trusting that I shall have the advantage of your active personal support in this matter, I remain,

Yours, very respectfully,

E. C. SEGUIN, M. D.

REVIEWS & BOOK NOTICES.

NOTES FROM CURRENT MEDICAL LITERATURE.

We have received a reprint from the *Transactions of the American Medical Association*, 1879, by Dr. Stanford E. Chaillé, A. M., M. D. on "State Medicine and State Medical Societies." This pamphlet discusses the question, What is State Medicine? and enumerates this subject under four subdivisions. Public Institutions for the Sick and the Infirm, Medical Education, Medical Jurisprudence and Public Hygiene. The relation of these four subjects to State Medical Societies is fully treated. Next is given the histories of the various State Medical Societies in the United States, beginning with that of the American Medical Association. This pamphlet will be read with much interest by those interested in the organization of Medical Societies.

We have received the volume of Transactions, for 1880, of the American Dermatological Society. The third annual meeting was held in New York, August 26th, 27th and 28th, 1879. This volume begins with the address of the President, Dr. Louis A. Duhring, of Philadelphia on "The Rise of American Dermatology," a most excellent and instructive history of this branch of science. Next follow the reports of the different sessions with titles of papers read and discussions upon the same.

These papers were published in various medical Journals at the option of the author. The discussions are given *in extenso* and are, perhaps, of greater interest than the papers. The volume as a whole exhibits a most active condition of this young and efficient organization.

"Physicians and their Patients" is the title of a pamphlet sent to us by the author, Dr. C. H. Merrick, of Portland, Oregon.

"The Ship origin of Yellow Fever with Comments in the Preliminary Report of the Havana Yellow Fever Commission" is the title of a reprint from *Galliard's Medical Journal* for June, 1880 by Dr. R. B. S Hargis, of Pensacola, Florida.

BOOK NOTIECS.

Fracture of the Patella. By FRANK H. HAMILTON, A M., M. D., LL. D., New York. Charles L. Bermingham & Co. Medical Publishers. New York, 1880. Pp. 106.

This volume records the study of one hundred and twenty-seven cases of Fracture of the Patella treated by the author. In the management of these cases the author has enjoyed a large experience and his observations are valuable contributions to this subject. The following points are noted: 1, The large proportion of simple transverse fractures, and the infrequency of comminuted and compound fractures. 2, The frequency of fracture from muscular action. 3, The frequency of early joint effusions.

4, The difficulty which has constantly been experienced in securing and maintaining apposition of the fragments. 5, The great variety of methods which have been adopted, and the frequent changes made in the treatment of the individual cases: either because of their insufficiency, or because of the pain and excoriations or other more serious injuries which they have occasioned; and the equally good results where the attempts to get close union have been less assiduous. 6, The uniformity of a fibrous union with some separation. 7, The frequency of re-fracture, and its more serious results 8, The frequency of anchylosis and its proportion to the time the limb is kept in splints. 9, The great time which elapses before the functions of of the limb are restored. 10, The inadequacy of ordinary knee-caps while the patients walk about. 11, The remarkable power of restoration of the functions of the limb after a time, when no union of fragments has taken place, if only the patient continues to use the limb, and thus developes the muscles.

Contributions to Orthopedic Surgery and Lectures on Club Foot. By Jos. C. Hutchinson, M. D., of Brooklyn, New York. G. P. Putnam's Sons, New York, 1880.

This is a volume of 121 pages containing observations on the Treatment of Chronic Inflammation of the Hip, Knee and Ankle Joints, by a new and simple method of extension; the physiological method. The substance of these observations was first published in the *American Journal of Medical Sciences* for January, 1879, and may be familiar to the students of this branch of surgery. The author has since revised and added more extended observations of the results of the treatment recommended and now presents his views in the present form.

The Lectures on Club-Foot comprise the author's personal experience in this class of deformities, drawn from hospital and private practice. These lectures were delivered to the medical student but are admirably designed to instruct the general practitioner. The volume is handsomely illustrated with wood-cuts showing the apparatus used and the method of adjusting it.

A Hand-Book of Physical Diagnosis. By Paul Guttman, of the University of Berlin. Translated from the Third German Edition. By Alex. Napier, M. D., Glasgow. Wood's Library Series, 1880. Wm. Wood & Co., Publishers, New York. Henry Fleetwood, Agent, Baltimore.

The object of this book is to present a concise description of the various methods pursued in the Clinical Examination of the Throat, Thorax and Abdominal organs in health and disease and an estimate of the diagnostic value of the results so obtained. The volume begins with a general examination of the body, which embraces a study of Fever, Changes in the Color of the Skin, Condition of the Nutrition and Examination of the Subcutaneous Tissue.

One hundred and thirty-three pages are given to a chapter on Examination of the Organs of Respiration, whilst eighty-three pages embrace the Organs of Circulation. The Examination of the Abdominal Organs, a very important branch of Physical Diagnosis, is fully and explicitly treated. In this chapter is presented twenty-seven pages on the Examination of the Excreta. This subject is illustrated with cuts showing the instruments to be employed and the pathological conditions found in the Urine and Intestinal Discharges.

The volume closes with an appendix on the Examination of the Larynx, fully illustrated. Upon the whole this book will be found a very useful one as it presents in a small

compass a well arranged and concise study of Physical Diagnosis. The importance of the subject treated and and the merits of the book commend it to the student of medicine.

MISCELLANY.

Treatment of Gonorrhœa by Injection of Chloral.—Dr. Pasqua, head physician to the military hospital of Benghazi, indicates this method of treating gonorrhœa in a letter addressed to the *Bulletin General de Therapeutique*. He employs a solulution containing a gram and a half of chloral to 120 grams of rose water. Two injections a day retained some minutes have appeared sufficient. It produces at first a slight smarting, a sensation of prickling, which is followed in two or three minutes by an agreeable sensation of coolness. After the third or fourth day of treatment, the desire to urinate and the erections become less painful and frequent, the discharge diminishes, becomes more clear and limped and ceases completely in eight or ten days. M. Pasqua has examined his patients at various intervals without finding any of the complications or accidents which often follow badly treated cases of gonorrhœa.—*La France Medicale*, May 12, 1880.—*Chicago Med. Journal and Exam.*

The Tincture of Eucalyptus in Pulmonary Gangrene.—M. Raynaud, in a clinical lecture to his pupils at the Charité Hospital (*Journal de Medicine*, May, 1880), speaks strongly of the good effects of tincture of eucalyptus in large doses in this affection. He referred specially to the case of a man who had been ill for three weeks, in whom the gangrene commenced as pneumonia. It soon became confirmed, and was followed by a manifest cavern under the left clavicle. This patient was in a very serious condition when he began to take the eucalyptus, but at the end of three days there was a notable improvement. The man was aged 69, and recovered, with complete disappearance of the physical signs indicating the existance of a cavern. Another of M. Raynaud's patients, suffering from pulmonary gangrene, after being operated on for cancer of the tongue, was cured of the gangrene by the influence of the same drug, and the operation also gave a satisfactory result. In the first case, M. Raynaud intends to employ the tincture of eucalyptus in doses of from six to eight grammes a day, and to join with it Trousseau's treatment, which consists in inhalations of terebinthine. Inspiration is effected by means of a tube inserted in a bottle of the essence.—*London Med Record.*

Chian Turpentine.—Since Prof. Clay, of Manchester announced the remarkable results obtained from the use of this drug in cancer the demand for it has been so enormous that it is impossible to supply it.

It is next to impossible to secure a pure article. Many worthless preparations are on the market. Chian Turpentine is the product of of a tree found along the shores of the Mediterranian, in Saria, Palestine, Afghanistan and in the Northern Africa. A tree of 4 or 5 feet in circumference, it is said, yields only about 10 or 12 ounces. Mr. Clay states of the many samples of the drug submitted to him only 5 per cent. are pure.

The official Register of Physicians and Midwives to whom certificates have been issued by the Illinois State Board of Health has been sent to us with the compliments of the Board.

The Act to Regulate the Practice of Medicine in the State of Illinois came in force July 1st, 1877. According to this act every physician practicing in the State is required to furnish satisfactory proof of having received a diploma or license from a

legally chartered medical institution of good standing. A certificate is issued upon the payment of five dollars.

This certificate is filed for record in the County Clerk's office where he resides.

Persons who are not graduates may be examined by the Board, and if found sufficiently qualified a certificate to practice is issued.

Drunkenness and Suicides.—From statistics collected by a director of an asylum for drunkards in Germany, the number of suicides has lately increased in every country in Europe except Norway. In Norway there has been an average of nine per cent. fewer cases of suicides during the last ten years than in any preceding ten years —a fact which the German writer attributes to the stringent regulations against drunkenness in force there. In most German countries the suicides have increased from ninety to one hundred per cent. For each million of inhabitants there are, on an average, every year in Saxony three hundred cases of suicide, in Denmark two hundred and eighty, in Wurtemburg one hundred and eighty, in Mecklenburg one hundred and sixty-seven, in Baden one hundred and fifty-six, in Prussia one hundred and thirty-three, in Austria one hundred and twenty-two, in Bavaria one hundred and three, in Sweden eighty-one, in Belgium seventy-three, and in Norway forty.—*Med. Times and Gazette.*

A Medical Code.—A recent "Medical Record" contains a very readable editorial on the subject of sins which no "code" can reach, and expresses the opinion that the truly honorable physician unconsciously governs his acts according to that higher law which is based upon the Golden Rule. Some men, ignorant of the code, or of its special provisions, do right to their brethren, because they cannot help it; while there are others who know the code by heart, and are ever ready to quote it as an excuse for acts which any honest man would repudiate. There is no law which can punish a practitioneer for saying that he "never heard of him," on some worthy brother in his neighborhood being mentioned; for expressing surprise on being told of Dr. A's success in chest troubles, of Dr B. as a gynæcologist, of Dr. C. being famous in children's diseases, of Dr. D. in surgery; for his unwillingness to accord to another practitioner credit for any skill or virtue that he would like to claim for himself; for damning another with "faint praise." The code of morals is often broken in professional as in social life, through insinuations and innuendoes.—*New England Medical Gazette.*

Milk and Limewater.—Milk and limewater are frequently prescribed by physicians in cases of dyspepsia and weakness of the stomach, and in some cases are said to prove very beneficial. Many persons who think good bread and milk a great luxury frequently hesitate to eat it for the reason that the milk will not digest readily; sourness of stomach will often follow. But experience proves that limewater and milk are not only food and medicine at an early period of life, but also at a later, when, as in the case of infants, the functions of digestion and assimilation are feeble and easily perverted. A stomach taxed by gluttony, irritated by improper food, inflamed by alcohol, enfeebled by disease, or otherwise unfitted for its duties—as is shown by the various symptoms attendent upon indigestion, dyspepsia, diarrhœa, dysentery, and fever—will resume its work, and do it energetically, on an exclusive diet of bread and milk and limewater. A goblet of cow's milk may have four tablespoonfuls of limewater added to it with good effect.—*Exchange.—Louisville Med. News.*

PRESCRIPTIONS IN DISTURBED MENSTRUATION.—In the Chicago *Medical Gazette*, January 20, 1880, the following formula is recommended as a valuable remedy for a scanty, irregular menstruation, when associated with and dependent upon anæmia, neuralgia and neurasthenia:

℞. Tincturæ ferri chlor, ℥x.
Liquor potassæ arsenitas, ℥ij. M.
Sig. 'Twelve drops after each meal, through a glass tube, in about one third glass of water.

From the same source we are informed that the following prescription is specially serviceable in the various nervous manifestations which accompany the menopause:

℞. Sodii bromidi, ℥iv.
Tincturæ nucis vomicæ, ℥ij.
Elixir. calisayæ, ℥ij.
Syrupi pruni virg, ℥j.
Elixir. simplicis, ℥vi. M.
Sig. Two drachms, two, three, or four times a day, as needed.—*Obstetric Gazette.*

DIMPLES TO ORDER.—A New York paper heralds a manufacturer of dimples, who comes from Paris, of course, and whose *modus operandi* is described as follows: I make a puncture in the skin at the point where the dimple is required that cannot be noticed when it has healed, and with a very delicate instrument I remove a slight portion of the muscle. Then I excite a slight inflammation, which attaches the skin to the subcutaneous hollow I have formed. In a few days the wound—if wound it can be called—has healed, and a charming dimple is the result.—*Mich. Med. News.*

A CASE of "counter prescribing" on the part of a druggist of this city, has just occurred, wherein nearly fatal results occurred. A lady asked the apothecary's clerk for a dose of chloral hydrate. The young man gave her two hundred and forty grains. She took the dose and was barely saved from death by the efforts of a physician.—*Chicago Med Review.*

DR. W. O. ROBERTS, of Louisville, reported a case of extra-uterine pregnancy of six months' duration, in which by gastronomy he had successfully removed a fetus in an advanced stage of decomposition. It was supposed to have been dead for five weeks, as all signs of life had been absent for that length of time. A few days prior to the operation the sac opened into the alimentary canal and the patient had frequent and copious discharges of a dark color and very offensive odor from the bowels. Placenta came away on the ninth day. A fecal fistula formed at the lower angle of the wound, through which fluid would pass that had been injected into the rectum, and *vice versa.* Points of great interest in the case were, first, the extent to which the patient had been reduced prior to operation, having been confined to bed for five months and unable to retain any nourishment for weeks; second, the high temperature (103°) at the time of the operation; third, the fecal fistula that had formed. The operation was made strictly antiseptic; and at the reading of the report, twenty days thereafter, the patient was in a fair way to recover.—*Med. Herald.*

DR. J. J. CHAMBLISS in the *Medical Herald* contributes an article on Dextro-Quinine. He says: I have used it in all the various manifestations of malaria, intermittent, remittent and pernicious fevers, periodical neuralgia, etc., I am prepared to recommend it to the consideration of the profession as a safe and efficient substitute for the more expensive sulphate of quinia; and I think it deserves at least a fair and impartial trial at the hands of the profession at large."

THE fourth annual meeting of the American Dermatological Association will be held at the Ocean House, Newport, R. I., on the 31st August, the 1st and 2nd September.

DUPED DOCTORS.—It is reported in the *Union Medicale* that a physician in high standing in France received in payment for services rendered a prominent financier, a number of shares of stock in a new society which the latter had founded. The stock having been kept for same years and never having brought any dividends, was locked away in a strong box and forgotten. Recently the doctor was condemned to pay an assessment of ten thousand francs on his stock, the company having become bankrupt. Another doctor received in payment for services a cask of white Barsac wine. After a time the donor died and on examination of his books there was found the entry of Barsac wine valued at three hundred francs. This the doctor was obliged to pay, and upon claiming payment for his own medical services he was informed that a year had passed since they were rendered, and payment was not therefore, recoverable.—*Mich. Med. News.*

THE Boylston Prize for 1880 has been awarded to W. Watson Cheyne, F. R. C. S., Assistant Surgeon to King's College Hospital, for his essay upon "Antiseptic Treatment: What are its Essential Details? How are they best carried out in a Practical Form?" The essay was deemed so excellent that in addition to the prize the Boylston medal was added.

The questions proposed for the year 1881 are: I. The Effect of Drugs during Lactation on Nurse or Nurseling; II. Injuries of the Back without apparent Mechanical Lesion in their Surgical and Medico-Legal aspects. For 1882: I. Sewer Gas: Its Physiological Effects upon Animals and Plants; II. The Therapeutic Value of Food administered against or beyond the Patient's Appetite and Inclination.

Communications in sealed packets with accompanying motto, and without any clew to authority, must be sent to D. H. Storer, M. D., 182 Boylston Street, Boston, Mass.

SIMS' SPECULUM ALWAYS AT HAND.—The index and middle fingers of the right hand may be used as a perineal retractor in place of the ordinary Sims' speculum. They may be introduced with the patient in Sims' latero-prone position, the operator standing back of the patient, on the side of the table, in exactly the position of the assistant who holds the speculum in the ordinary way. In this manner the cervix and vagina may be exposed almost as well as by the speculum. This method of exposing the parts may be of great use when a speculum is needed and not accessible, in the application, for instance, of the tampon in sudden cases of hemorrhage, or in consultations at a distance, when, for reasons not anticipated, it becomes necessary to examine the pelvic organs.—*Ex.*

BRITISH MEDICAL ASSOCIATION.—The 48th annual meeting of this Association was held at Cambridge on the 10th to the 13th of August inclusive. Among the papers read are the following: On the Treatment of Wounds," by Prof. Lister. "Stricture of the Urethra," by Sir Henry Thompson. "Removal of Uterine Tumors by Abdominal Section," by Mr. Spencer Wells. "The Influence of Injuries and Morbid Conditions of the Nervous System on Nutrition," by Mr. Jonathan Hutchinson.

TYPHOID FEVER.—Sir William Jenner believes that in the majority of cases typhoid fever is produced by the action of a small portion of the excreta from the bowels of a person suffering from the disease; that air from a drain or air blowing over dried feculent matter may convey the poison; or that the vehicle of the poison may be fluid, as milk or water; and that the properties of the excreta may be destroyed by boiling the fluid, but not by filtering.—*Med. Times and Gazette. Medical Herald.*

The Treatment of Hæmoptysis.—Willis E. Ford, M. D., of Utica, N. Y., in a paper on hemorrhages from the lungs, read before the Oneida County Medical Society, October 14, 1879, and published in the *Buffalo Medical and Surgical Journal*, Jan., 1880, says—

Where there is great relaxation of the walls of the blood vessels, with continuous oozing of blood, the so-called hemostatics do but little good. Dry cups to the chest are of immense service. Five or ten may be added at once, and repeated once or twice, if necessary. Next in importance is opium, given in such doses as to contract the pupils, to allay pain and nervousness, and to reduce respirations to from fourteen to seventeen per minute, and this should be continued for several hours after all hemorrhage has ceased. Ergot is useful in connection with opium, for it undoubtedly assists in stimulating the vaso-motor nerves to give contractility to the arteries. Absolute rest must be enjoined in every case. Where there is any ulcerative process going on within the lung, and it is reasonable to suppose that the walls of a blood vessel have given way, then ice to the chest, together with ergot and opium, will do best.

In all cases of profuse hemorrhage the patient should lie upon the sound side, pretty well over upon the face, and should avoid, as much as possible, the act of coughing, so that blood will neither settle backward into the air cells, nor be drawn in by forced inspiration.

Of course the after-treatment in those cases in which the pleura is involved is of vastly more importance than the immediate relief of symptoms; rest to the lung, so far as possible, should be secured. Counter-irritation by means of iodine or dry cups should be applied every other day, together with the administration of tonics, and in some cases stimulants.—(*Canada Med. Record.*)

A Method of Preserving Rubber Instruments.—Various articles and instruments made of rubber are apt with time to become dry, to crack, grow brittle, and lose their elasticity. Dr. Pol (*St. Petersburg Trachebn. Vedomosti*, March 6, 1880) recommends the following simple mixture—℞. Water of ammonia one part, water two parts—in which the articles should be immersed for a length of time varying from a few minutes to one-half or one hour, until they resume their former elasticity, smoothness, and softness.—*Med Record.*

An epidemic of cholera morbus recently broke out in Berkshire County, Mass. The cases numbered between five and six hundred. Simple remedies controlled the symptoms. No local cause has been discovered.

Out of 27,706 arrests made by the police of Brooklyn during the past year not one physician was found in the number.

Fory-seven lawyers, eight artists, six actors, two custom house officers, one editor (not medical) and one clergyman, graced the list.

A Curious case occurred recently at the Pennsylvania Hospital, in which a woman, moribund from a recent burn, gave birth to a fetus, still-born, at eight and a half months, which presented blistering of the surface of the body in a region exactly corresponding with the mother's injuries. It is a beautiful example of maternal impression in the last month of pregnancy. The child was alive and the fetal heart was heard only a few hours before birth. No syphilis was present. The child in every other respect was well-formed.—*Boston Med. and Surg. Journal.*

The publishers request that the readers of the Journal will read the *special notice* on page 184.

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THOMAS A. ASHBY, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

ORIGINAL PAPERS.

THE URÆMIC THEORY.

BY J. R. QUINAN, M. D., BALTIMORE, MD.

(*Read before the Clinical Society of Maryland.*)

"*Causas rerum naturalium, non plures admitti debere, quam quæ et veræ sint et earum phœnominis explicandis sufficiant.*"—NEWTON, (Principia).

The reflection of the poet "*Felix, qui potuit rerum cognoscere causas*" finds a response in every bosom. The human mind not content with the mere observation of phenomena, seeks to know their nature and origin. This laudable desire to extend the limits of knowledge beyond the objects of mere sight and sense, has, according to the manner in which it has been indulged, both made and marred every science, but none, perhaps, more than our own. To its right use, medicine owes her brightest and most valuable discoveries; to its abuse—a crop of crude theories which have retarded her growth and will require centuries to weed out. They cling like poisonous parasites to every stone of the Esculapian Temple, defacing its beauty and sapping its strength. Physiological theories, Pathological theories, Etiological theories, Therapeutical theories,—meet us on every page of medical history, nor do they always "die when their brains are out;" withering for a while at the fiery touch of truth and clinical experience, they reappear in another garb in some future age. In what, for instance, except name, do the primitive theories of "coction and crisis" and the "evacuation of the peccant humors," at which we now smile, differ from our modern theories of zymosis and defervescence and elimination of effete matters from the blood? *Facies non omnibus una, non diversa tamen, qualem decet esse sororum.*" Among the modern adaptations, to use a theatrical term, of the old theory of 'peccant humors,' is the one which I have chosen for discussion on the present occasion, viz:

THE URÆMIC THEORY,

which ascribes the various nervous symptoms, including vertigo, headache, amaurosis, coma and convulsions,

occuring in connection with deranged urinary excretion, whether in disease or the parturient state, to the poisonous effects of the accumulation of urea in the circulation.

Ever since Bostock in 1826, at Bright's request, examined the serum of the blood in certain cases of Albuminuria and found, as he cautiously words it, "something possessing peculiar properties which seemed to approach to those of urea" the theory in question has been generally considered a sufficient and satisfactory explanation of the morbid phenomena referred to, not only as they occur in Bright's disease, but wherever a more or less complete suppression of the urinary secretion, or a marked diminution of its solids, evinces, as the advocates of the theory assert, the presence of an excess of urea in the blood—hence they claim that the coma and convulsion, one or both, of puerperal eclampsia, ischuria, hydronephrosis, etc., are to be considered of uræmic origin.

Thirty years ago I was an unquestioning believer of the urea theory, but my clinical experience (especially in diphtheria) has so frequently presented me with cases of persistent albuminuria, ending fatally after complete suppression of the urine for some days, by simple exhaustion, without the production of a single so-called uræmic symptom, that I have learned to doubt the soundness of my early teaching; nor am I alone in this change of opinion, as any one may be convinced by a careful revision of the literature of the subject. With each advance in our knowledge of Brightian pathology, he will find the profession taking broader and deeper views of the causation of the varied and complex lesions of innervation, assimilation and hæmatosis that are associated with albuminuria, and to the same extent losing their faith in a theory that ascribes the formidable and often fatal nervous symptoms we are discussing, to the possible presence of an uncertain quantity of urea in the circulation. To illustrate; "the term uræmia," say Jones and Seiveking (Path. Anat. 1854, p. 77), "seems to imply that the poisoning of the blood depends on the presence of urea and such has long been the general belief, but numerous experiments and observations of late have done much to invalidate it. It is clear that it is not urea, nor any other constituent of the urine that produces by its presence the symptoms indicative of poisoning." Again; "The altered condition of the capillaries gives a more satisfactory explanation of the phenomena," says Bence Jones "than is obtained by the doctrine of a hypothetical blood-poison"—(Braith Ret. 1854,-5.

"Clinical observations" says Carpenter (Prin Hum, Phys., 1856. p. 388) "afford sufficient evidence that there is no constant relation between the severity of the symptoms of (uræmia) and the amount of urea in the circulating system." Again; "the presence of a large quantity of urea does not cause the phenomena called uræmic." Trietz, (Journal des Connoisances 1861). "The recent experiments of Oppler, Schotten, Perls and Galesky," says Roberts (Treat. Urine. Dis., 1872, p. 439) "seem to have given the *coup de grace* both to the urea and ammonia theories" and I might add many other authorities to the same effect. Even those of our best and most recent works on practice which still advocate the urea theory, do it in so hesitating and contradictory a manner as to leave their readers in doubt whether the authors have any settled convictions on the subject at all. For instance, one of these, after giving a summary of the different theories of uræmia, says, "it seems to me that urea is an irritant poison, and when in excess in the circulation acts on the cerebro-spinal centres." This appears very explicit, yet a few pages

farther on in the same chapter, while speaking of the prognosis, we read, "it is evident that the primary cause of death is a narcotic poison, the nature of which we do not understand." Thus it is first an *irritant* poison, then a *narcotic* poison—first *urea*, then something we do not understand.

How refreshing this must be to the student of medicine in search of definite information! Another of our late systematic writers on urinary disease acting apparently on the cautious principles of that famous practitioner who always double-loaded his prescription in a case of doubtful diagnosis, "in hope," as he said, "that some of the shot might hit" assures us that neither urea, nor ammonia, nor creatin, nor the extractives, nor blood disorder—singly and alone, will produce the morbid nervous symptoms in question, but they are perhaps the result of all these causes combined, (Roberts Op., Cit., p. 442.) If we seek a solution of the etiological problem from the Physoliogists and Vivisectionists we find ourselves involved in a chaos of the most opposite and contradictory conclusions, the canine subjects of one experiment, for instance, dying *en regle* and as in duty bound with coma or convulsion, while those of another obstinately refuse to become victims to science and permit their veins to be injected with 30 or 40 grammes of urea, without showing any ill-effect, or resentment beyond, perhaps, flooding their premises with an amount of urine that would have done credit to the maids of honor in Brobdingnang. The truth is, that while we are all willing to acknowledge our indebtedness to experimental physiology for its valuable contributions to medical science, yet it must be conceded that experiments on animals do not always afford the most reliable mode of estimating the effect of the same substances on man; and the discrepant results in regard to urea is only another proof of the fact, and tempt us to adopt the caustic remark of some one, that "the vivisectionists and experimenters on animals imitate the method of those ancient judges who put their delinquents to the torture to make them confess their guilt, but which delinquents, when stretched on the rack often gave false information." Some excuse may be found, perhaps, in the difficulty, as Marshall Hall, himself an expert in this mode of investigation, confesses, of devising an unequivocal and unexceptionable experiment in physiology; an admission which should teach us caution in accepting the results of such experiments, before ascertaining that all possible sources of error had been carefully avoided—a precaution that has not always been observed, as we shall have occasion to show, hereafter. But to proceed; in order to establish the urea theory it is obviously incumbent on its advocates to prove, not only that urea is present to excess in the blood whenever so-called uræmic symptoms exist, and absent when they are wanting, (otherwise we would have an effect without the cause, or equally impossible, the cause without the effect) but they must also show that urea is a poison per se., *i. e.*, a cause adequate to produce the effect alleged. Nor is this asking too much from them, for by a cause, we all understand the constant and necessary antecedent to the event, and as Bartlett (Philos. Med. p. 27) well says "all genuine and legitimate relationships are invariable and constant." This indeed is only another mode of stating the doctrine that like causes under like circumstances must be followed by like effects. An event having once occurred will always occur under the same circumstances. All exceptions are *apparent* not *real* and are the result of our imperfect knowledge, nor do they, as the proverb absurdly has it, prove the rule; on the contrary, they *disprove* it and show that it is either wholly erroneous, or

at least, not fully understood, or completely ascertained." When the old philosophers asserted that water rose in a pump because, as they phrased it, "nature abhorred a vacuum," they had to admit an important *exception*. She only abhorred a vacuum to the extent of a about 34 feet. Did this exception prove the rule? Let modern science answer. So I contend in regard to the urea theory, if it can be shown, as I believe it may, that urea can exist in the circulation without cerebral symptoms, or *per contra*, that cerebral symptoms can appear in the absence of such accumulation, we are bound by all the principles of sound logic to abandon the urea theory as wholly disproved, and untenable, and seek some other explanation of the morbid phenomena, more in accordance with physiological, pathological and clinical facts. I shall endeavor to show the considerations that have led me to reject this theory, and if my line of reasoning fail to convince your judgments also, I may, at least, console myself with the reflections of Burke "that a man who works below the surface of things, though he may be wrong himself, yet he clears the way for others, and may chance to make even his errors subservient to the cause of truth."

Before entering, however, directly on the discussion, let us, as pathalogical symptoms are only the vital phenomena of health under changed conditions, glance at the physiological relations of the urine and urea. Notwithstanding our advance in biochemistry, it is as true now as it was 30 years ago, when penned by one of our own most brilliant and original investigators of urinary pathology; "That the physiology of the urinary secretion in all its bearing, even at this time, is not entirely explained; we have as yet only arrived at the threshold, the few facts already ascertained, although affording very material assistance in the diagnosis and treatment of some obscure affections, constitute but a small portion of the immense field laid open for future research," (Cha's Frick, Renal. Affections, 1850, pages 14-15.) The chemists have, it is true, analyzed for us the ingesta and egesta, but of the mysterious changes the former undergo in the penetralia of the vital laboratory before being discharged from the different emunctories of the body, we are as yet profoundly ignorant. Of course, numberless theoretical explanations are offered for our acceptance and elaborate formulæ, constructed to exhibit the possible successive transformation of nitrogenous tissue into creatin, of creatin, into creatinine, of creatinine, into uric acid, of uric acid, into urea, but they only serve to puzzle candidates for graduation, or afford a field for black-board display to ambitious young lecturers, and are at best ingenious conjectures, not facts, and for their final verification we must 'learn to labor and to wait." There is another obscure point in the physiology of the Kidney, which seems to conflict with our idea of its functions as a *depuratory* organ. It does not, as you know, obtain its secretion from *venous* blood, as analogy requires, but from *arterial* blood and is thus by the generally accepted view of its function, assigned the paradoxical role of purifying blood already purified by oxidation in the lungs; I am well aware that Bowman's researches on the minute anatomy of the Kidneys have established a close analogy between the capillary system of the liver and that of the kidneys, but this only affects the question of of anatomical arrangement, the physological puzzle still remains, that *arterial* and not *venous* blood supplies the material for the urinary secretion, and Bowman's own words make this plain; "all the blood of the renal artery" (says he,) "enters the capillary tufts of the Malphigian bodies, thence it" (the arterial blood) "passes

into the capillary plexus surrounding the uriniferus tubes" (where secretion is effected) "and it *finally*" (after supplying the secretion) "leaves the organ through the branches of the renal veins" (Philos. Trans., 1, 1842). Nor does the comparative analysis of the aortic blood and that of the renal vein, aid greatly in clearing up the obscurity; for, while the venous blood leaving the kidneys shows, as might be expected, a loss of fibrin and water, it exhibits, strange to say, an actual increase of the albumen and solids, thus:

	AORTIC BLOOD.	BLOOD OF RENAL VEIN.
Water	790	778
Fibrin	8.2	A trace.
Albumen	90.3	99.23
Solids	210.	222

(Simon's Chem. of Man, p. 179.

Another point yet unsettled by the chemists and physiologists is the origin of urea. One party, with Leibig, Bischoff, Voit and others, consider it solely as a final product of destructive tissue metamorphosis; another with Lehman, Frericks, Bidder and Schmidt that it is derived (and this is the more probable theory) from two sources—one variable, the albuminous food, the other constant, the albuminous tissues, when the animal is fasting. Again, some think it formed from the organic particle at the moment of disintegration, others, that it is formed secondarily by the oxidation of some primary product in the blood, and separated therefrom by the kidney. Others, with Oppler, Perls, Schottin, and Zalesky, that urea is actually formed *in the kidney*, and any trace of it in the blood is due to re-absorption from the urinary channels (Roberts Op., Cit., p. 431), still another party with Cyon and Meisner adopt the view (which by the way, has some clinical support) that urea is formed in part, at least, in the liver. But without attempting to reconcile these conflicting opinions (an attempt not demanded by the scope of our paper) we may consider the following points in the physiology of the renal functions as well established and sustained by clinical experience.

That urea, the most important constituent of the urine, and chief final product of the metamorphosis of the nitrogenous tissues, is a bland crystalline substance, very soluble in water, never forming a spontaneous urinary deposit, ordorless, and always existing to a small amount in healthy blood, also in chyle, lymph, saliva, bile and milk—that the average amount of daily excretion in adult, men is 500 grains, or at the rate of 3½ grains for each pound weight of body,—that this amount may vary within the limits of health, from the influence of diet, exercise, external temperature, and individual peculiarity, from a minimum of 286.1 to a max. of 688.4 grains (Parkes)—that the amount excreted proportionately to the weight, is greater in the child than the young man,—in the young man, than in the adult, in the adult, than in the aged—that it is increased after meals, especially of animal food; lessened by a vegetable diet, and its formation is retarded, by sleep, and the use of alcohol, tea and coffee. (Lehman, Roberts, Hammond and Bentz, American Journal Medical Science, Jan., 1871): that assuming the blood in the body to be 16.19 pounds, and 450 grains of urea discharged in the 24 hours, there could accumulate in the blood in one hour only $18.\frac{75}{100}$ grains at most, being but $\frac{21}{1000}$ part of the blood (Lehman Physio. Chem. p. 119); the reasonable conclusions from all these facts being, that the amount of urea excreted in health is, *cæteris paribus*, an index of the formative and destructive metamorphosis of tissue (Thudicum Path. Urine, 1838, p. 95.)

THE PATHOLOGICAL RELATIONS OF UREA.

It is *increased* in all fevers and inflammations in consequence of accelerated tissue change and in chorea (from increase of muscular movement); also in acute hepatitis when biliary secretion is not suppressed. Its excretion is *decreased* in disease, and conditions attended by impoverished blood, as anæmia, chlorosis, cyanosis, hemorrhage, yellow fever, (La Roche) in hepatitis with suppression of biliary secretion, (Parks) cholera during the stage of collapse, (Wood) and of course, in all cases of suppression of urine. From these clinical data we are justified in concluding, that while an abnormal *increase* of excretion of urea in disease affords, as in health, an index of increased destructive metamorphosis of tissue, the opposite condition, *diminution* of the excretion of urea, may be and often is accompanied by decreased *formation* of urea, and hence, leaving out of view, cases of mechanical obstruction to the urinary flow—pale urine, of low sp. gravity and deficient in urea, is often evidence not of the *accumulation* of urea in the circulation, but of the low vitality and cachectic condition of the system which interfere with nutrition, and the tissue metamorphosis necessary to the production of urea; in fine, its *absence* from the urine in such cases, indicates its *absence* from the blood—anæmic blood making anæmic urine. This is peculiarily the case in albuminuria and to make this apparent we will compare the analysis of the blood with that of the urine in this disease. Christison (Gran. Dis. Kid. p. 30) in 13 analyses of the blood in albuminuria found the water varied from 808.3 to 887 against 775.7 in healthy blood and the solid constituents from 113 to 191.7 against 224.3 in healthy blood. The solid constituents of the serum were reduced from 100–102, in the 1000 to 68–64 and even to 61, or to take the average of the 13 analyses above mentioned

	HEALTHY BLOOD.	BRIGHT'S DISEASE.
Water	775.7	831.
Solids	224.3	145.7
Blood Corp.	137.1	82.

and Simon, after giving the analyses of Christison, adds, "these observations entirely coincide with my own," (Op. Cit. p. 265) Christison also says: (p. 34), "I am acquainted with no natural disease, at least of a chronic nature which so closely approaches hemorrhage in its power of impoverishing the red particles of the blood" Dr. Rees, has also given us analyses of the blood in three cases (Guy's Hosp. Rep. 1840–43) which show precisely similar results as regards the increase of water and decrease of albumen and solids of the blood. We will now examine the urine in these cases—Its sp. gravity varies from 1005.3 to 1014.7, and it is decidedly deficient in solids (Becquerel, "Semeiotique des Urines," Paris, 1841). The average of the analyses of 7 cases of Bright's Disease made by that chemist is as follows:

	HEALTHY URINE.	URINE IN BRIGHT'S DIS. (BECQUEREL.
Water	971.9	981.94
Solids	28.1	19.08
Urea.	12.1	6.1

thus showing a decided decrease of all the solids. If time permitted, the same anæmic condition of the blood and urine might be shown to co-exist in chlorosis and indeed all anæmic diseases. There is one peculiar feature in the clinical history of Bright's Disease to which, from its bearing on the subject under discussion, I would now call your attention.

[*To be Continued.*]

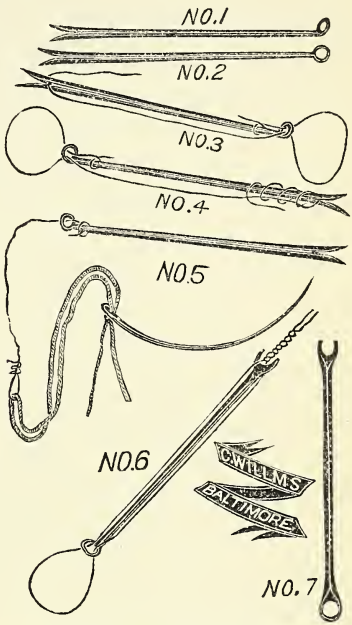
A DEVICE TO FACILITATE THE REMOVAL OF DEEP WIRE SUTURES IN THE OPERATION FOR RUPTURED PERINEUM.

BY AUG. F. ERICH, M. D.,

Professor of the Diseases of Women, College of Physicians and Surgeons, Baltimore.

Every surgeon who has operated for extensive rupture of the perineum must have felt that the removal of the wire sutures is the most unsatisfactory part of the operation. The loop of the wire, as well as a portion of the twisted part, being deeply buried in the swollen tissues, is entirely out of sight. Seizing the protruding end of the twisted wires the operator gropes with the point of the scissors in the supposed direction of the loop, and cuts whenever he thinks he has reached it. It often happens that he has to cut several times before he succeeds in including the wire between the blades. If the twisted portion should be a little bent, it would be almost impossible to avoid cutting it off near the loop, in which case a complete ring of wire would remain deeply imbedded in the tissues. The difficulty of the removal of sutures applied to the recto-vaginal septum, especially upon its rectal surface, is so great that many operators use cat gut and leave it to be absorbed. But, few surgeons who have had much experience with cat gut sutures would be willing to rely on them in these operations. Drs. Cutter and Bache Emmett have invented instruments to overcome the difficulties experienced with deep wire sutures in the operation for ruptured perineum. While they greatly facilitate the removal of the perineal sutures, they are of little use in removing those in the recto-vaginal septum.

The accompanying wood cut shows a little device by means of which I think I have succeeded in overcoming the whole difficulty. By its use the junction of the wire is removed so far from the surface of the tissues as to be always within easy view.



ERICH'S DEEP SUTURE STYLET.

The stylet is of steel and 1½ inches long; at one end is an eyelet, and at the other a small rounded fork. (See cut No. 7.) Both ends of the wire are passed through the eyelet after they emerge from the tissues; carried over the fork at the other end, and twisted until the necessary tension is secured [No. 6]. In some the eyelet is parallel to the shaft and in others, at right angles to it. In some cases the sutures are most easily secured by the stylet figured in No. 1 and 2. Here one end of the wire, after passing through the eyelet is secured to the shaft by a single twist, [No. 5], and the other after being tightened by traction with a gentle pendulum motion and fastened temporarily by passing over the clamping fork at the

upper end of the shaft [No. 3]. It can then be permanently secured by a few turns around the shaft. [See No. 4]. After the sutures are all secured the stylets are brought together and a piece of gum tubing slipped over them.

The ease with which sutures applied in this manner can be removed, must be manifest at the first glance. In the kind first described [No. 6 and 7] one wire is to be cut below the twist and then seizing the long end of the wire and the stylus with a forceps gentle traction will bring both away. In the second variety [Nos. 1 and 4], a little traction made upon the end of the wire wrapped around the upper end of the stylet draws it out of the clamp, when it is cut off close to the tissues and the stylet is removed by gently drawing upon the stylet to the foot of which the other end of the wire is attached. Mr. Willms makes these little instruments very neatly.

As the principle of the application of these sutures differs considerably from that in general use, the operator is advised to acquire the necessary dexterity in using them by a little preliminary practice upon a piece of soft leather fastened to a table.

94 South Broadway.

REPORTS OF CASES.

A CASE OF HYPERTROPHIC ELONGATION OF THE CERVIX COMPLICATED WITH PREGNANCY.

BY T. A. ASHBY, M. D., BALTIMORE.

Lecturer on Obstetrics, Summer Course, University of Maryland, Etc.

(*Read before the Clinical Society of Maryland.*)

I desire to place upon record the history of the following unusual and instructive case which came under observation some three years ago, during my service as Resident Physician to the Maryland University Hospital. Careful notes of the case were taken at the time but were misplaced until recently. This has occasioned some delay in bringing the history of the case before the profession. In searching the medical literature of the past few years and the most prominent works upon Obstetrics and Gynecology, I have been unable to discover a case corresponding in detail with this case. Cazeaux, page 720, refers to the condition of prolapsus-uteri and quotes from Chapart the following sentence: "A female, who was affected with a prolapsus, had been impregnated by the direct and immediate introduction of the fecundating principle into the uterus, through its gradually dilated orifice." He fails to give the history of this case and we are left in ignorance as to the course, duration and influence of labor upon the patient. Tyler Smith has reported two cases of procidentia complicated by labor which present some very instructive points but these cases do not possess, to my mind, the same amount of clinical data as the following history:

Ellen W, aged 32, was admitted to the Maryland University Hospital on or about June 10th, 1877. She was a well formed and an intelligent mulatto, far above the average of her race in refinement and breeding. According to her statement she was 8½ months advanced in pregnancy. As was the custom, she was assigned to the colored female obstetrical ward to await the time of her confinement. Nothing unusual in her case was suspected and an examination of her condition was not made until some three or four days after her admission when my attention was called to the singular appearance of her genitalia, by the student in charge of the ward, who discovered an abnormal development of the cervix uteri in making a digital examination with a view of practicing *ballottement* and the touch.

Upon making an examination I found the neck of the uterus much enlarged, and elongated over one and one-half inches beyond the vulva. The mucous membrane of the cervix had lost its glandular character, and presented a dry, smooth surface resembling true skin. The external os was slightly patulous, and would allow the easy introduction of a quill. The total length of the cervix at that time was, as near as could be determined, about 2 inches. The greater portion of the inner cervix had been merged into the body of the uterus by the distension of this organ.

As far as could be ascertained from the patient, by careful inquiry, the history of her condition dated back to a period of 16 years of age, when, as she expressed it, she began to suffer with a falling of the womb for which different methods of treatment had been employed and abandoned, the uterus remaining since then prolapsed, the cervix external to the vagina.

With this development of the cervix she had passed 16 years of her life in a fair degree of comfort. She had been able to perform the duties of a domestic and had become accustomed to the presence of the cervix hanging between her limbs to that degree that it occasioned little or no embarrassment in locomotion

She stated emphatically that she had resisted the solicitations of the male sex until the time of her present conception, but was unable to state the method by which impregnation was induced.

Apprehending the serious nature of this case the last two weeks of her pregnancy were watched with close interest. I feared danger would result to the mother from an almost necessary rupture of the cervix during labor and from a subsequent septicæmia, and danger to the child from a slow and tardy delivery to which it would be subjected. These facts were made evident by the very abnormal development of the cervix and the conditions which were in operation to prevent a natural and safe delivery.

My fears were subsequently corroborated as the following will explain.

On Sunday morning, June 24th, 1877, labor pains commenced and continued during the day and night, slight and intermittent. On Monday the pains were more vigorous, the uterus contracted energetically. During the day I requested Prof. G. W. Miltenberger, the consulting obstetrician to the Hospital, to see the case with me. He expressed the opinion that a natural labor would, in all probability, take place. He advised that no operative procedures be instituted unless the progress of the labor rendered such interference necessary. This opinion was confirmed by Prof. W. T. Howard who was invited to see the case later in the day.

The progress of the case was watched carefully by two of the clinical assistants detailed for that purpose. I saw the patient at frequent intervals during Monday and prepared for a forceps' delivery in the event of such a necessity.

Towards night labor advanced with marked vigor and began to tell upon the patient, who had been in labor 36 hours. The constant propelling force of the uterus was brought to bear upon its contents but the force employed was not directed against the cervix which still remained some one and one half inches beyond the vulva. There was no traction whatever upon the cervix until the child's head had been forced through the entire pelvis, partially beyond the perineum and still remained enclosed within the body of the uterus external to the vulva. As soon as the head could exert pressure against the cervix it very speedily obliterated its length and converted the external os into a hard and resisting ring about the size of a half dollar coin. Beyond

this point of dilatation it seemed unwilling to pass. Artificial dilatation became necessary and was employed by introducing two or three fingers of the right hand and gradually dilating the ring until it was large enough to admit both blades of Hodge's forceps. A further attempt at dilation was practiced, the firm and resisting ring of the neck would advance no further in spite of all the effort and force employed. The pressure to which the child was exposed was of primary consideration. I determined to deliver at once with the forceps and run the risk of a rupture of the cervix, which I felt was almost unavoidable, but which I decided to produce rather than make an incision with the knife. The possibility of further dilating the cervix with the hand was abandoned before the forceps were introduced.

By using gentle traction the child was delivered, but in a state of almost entire asphyxia from the prolonged pressure to which it was subjected. With much difficulty it was resuscitated. I am convinced a few more moments of confinement *in utero* would have terminated its life. In the delivery of the head but slight rupture of the cervix occurred. After the forceps became disengaged I attempted to prevent a further extension of the rent by hand manipulation but unavoidably the broad shoulders of a male child added materially to the first tear. The patient was kept under the partial influence of chloroform and experienced no pain. The uterus contracted well after the delivery of the child and afterbirth. Postpartum hemorrhage was trivial but the flow of blood from the wounded cervix was very free for a few moments, but checked by the sutures used in bringing the torn surfaces of the cervix together. Carbolic applications of water and oil were made freely to the wounded cervix and every precaution used to prevent purulent absorption. A diligent effort was made to reduce the cervix within the vulva and retain it there, but it was found impossible to do it. It was kept bathed in carbolized oil and protected by cotton from exposure to atmospheric contagion. The patient rallied well after her delivery, and was in good condition at the end of 1st 24 hours. She nursed her infant, and was bright and cheerful. On the evening of the 27th of June, 48 hours after labor, a chill occurred and her temperature advanced to 103.1-5, with a pulse of 120.

The following table gives her temperature and pulse until date of death.

	Temp.	Pulse.
June 28th Morning	101¾	116
June 28th Evening	104.3–5	120
June 29th Morning	104.1–5	128
June 29th Evening	105.3–5	128
June 30th Morning	104.4–5	128
July 1st Morning	102.3–5	120
July 1st Evening	108	148

Patient was wrapped in a wet sheet and by 11½ P. M. her temperature was reduced to 104.2–3, pulse 130

	Temp.	Pulse.
July 2nd Morning	104.2–5	128
July 2nd Evening	106.4–5	140

*Patient died July 3rd at 8 o'clock A. M

An autopsy was made July 4th. The uterus was found firmly contracted, involution had commenced. The total length of the uterus and cervix was 11½ inches. The length of cervix 6 inches. The infra-vaginal portion of the cervix was about 3¾ inches. The rent in the cervix had in part united by first intention, but septic absorption had evidently taken place from its wounded and torn surfaces.

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*For the record of Temperature and faithful notes of this case I am indebted to Dr. R. R. Norris, now of Avondale, Pa., but then a student in the Hospital.

The body of the uterus presented nothing beyond the condition induced by pregnancy. The extreme length of the cervix, especially of the infra-vaginal portion, was due, no doubt, to an hypertrophic growth which began early in life and remained to be exaggerated by pregnancy. It was impossible to determine the length of the cervix previous to pregnancy but from the history of the case it is fair to suppose it must have reached between 4 and 5 inches.

The history of this case shows that the elongation of the cervix was confined chiefly to the infra-vaginal portion. This form of hypertrophic growth is chiefly confined to women who have never borne children and is either a congenital affection or an exaggeration of a congenital affection. Dr. Goodell, of Philadelphia, regards this form of hypertrophic elongation an affection of virgins or of sterile women, whereas the elongation of the supra vaginal portion he regards as due to traction of a prolapsed bladder or vagina upon a womb made ductile by subinvolution or chronic congestion, this form of elongation is acquired not congenital being usually found in the child-bearing woman whose perineum and cervix have been torn. In the case here presented we have the history rather of a congenital affection than one acquired by chronic congestion.

The post-mortem examination was not able to throw positive light upon this question as the entire organ was altered and modified by pregnancy. This question, however, is of little practical importance as the treatment of the two varieties of hypertrophic elongation is pretty much the same. The main points of interest in this case are 1st, the manner of impregnation; 2nd, the proper method of delivery in such conditions; 3rd, the the treatment of this condition before impregnation is induced; 4th, the dangers arising from injuries to the uterus in labor from exposure to the atmosphere.

The question of impregnation can only be determined by conjecture, the patient being unable or unwilling to answer this question. The condition of the womb was such, I think, that impregnation could have taken place only by the introduction of the male organ within the uterus. It will be remembered that the cervix remained external to the vulva and when forced up in the pelvis barely escaped within the vulva. The male organ might have been introduced into the vagina but could the spermatozoa have found their way into the os when it remained just within the vulva, when the organ was forced into the pelvis?

There were two questions involved in the delivery, the first related to the child, the second to the mother. The child was in great peril, rapid and forcible dilatation of the cervix became necessary to save its life. By this forcible dilatation the mother's life was imperiled and her death subsequently induced. It was only possible to rupture or incise the cervix and subject the mother to the risks of a septicæmia, or else destroy the child, and remove it piece-meal through a rigid os uteri. I decided to save the child and give the mother the benefit of the doubt rather than destroy one life and possibly both.

An incision of the cervix rather than a rupture did not possess, to my mind, an advantage, and the weight of authority was against the procedure. The expediency of employing a better dilating force than the hand was suggested, but I found it possible only to employ the hand by reason of the forcible pressure of the head against the cervix.

The 3rd inquiry suggested is in regard to the treatment of cases of hypertrophic elongation of the cervix. Is it not rather singular that this woman should have remained in this condi- 16 years and no method of treatment

be suggested to her? She stated that she had applied for relief at various times but nothing was done for her. It is evident her condition was not recognized and that the case was regarded as one of procidentia. Had a proper diagnosis been determined upon and the removal of the elongated cervix performed this unfortunate complication might have been prevented. In no class of cases do we meet with more decided benefits from operative procedures than in conditions of this character.

We have in this case a practical suggestion in regard to the dangers arising from injuries to the uterus, which should be heeded by every physician. The extreme readiness to septic absorption from wounded uterine tissues should call forth the greatest caution upon the part of the obstetrician in the use of forceps or manipulations. In spite of the liberal and guarded use of antiseptics, in this case, we have septicæmia from a wounded and exposed cervix, a septicæmia which every effort failed to prevent and careful treatment was unable to cut short.

82 Saratoga Street.

SOCIETY REPORTS.

BALTIMORE ACADEMY OF MEDICINE.

MEETING HELD APRIL 20TH, 1880.

H. P. C. Wilson, M. D., President, in the Chair.

Eugene F. Cordell, M. D., Reporting Secretary.

The Academy was called to order at 8:30 P. M. After the transaction of routine business, *Dr. Chew* reported the following case of

Ovarian Dropsy,—which he saw in consultation with Dr. W. G. Regester. An old lady, aged 74, had an enormous abdominal swelling, the diagnosis of which lay between ascites and ovarian cyst. The age was against the existence of the latter. The tumor was distinctly pyramidal in shape. On percussion, dulness was elicited over the tumor, and also in both flanks. When she turned on her side, the whole mass moved at once. The abdomen was 51 inches in circumference. The conclusion was arrived at that the fluid was ovarian, and she was accordingly tapped, 6¼ gallons of chocolate colored fluid being withdrawn. There could then be felt through the abdominal walls, a mass presenting distinct nodules. Since the tapping she has felt much better. The case was of interest on account of the age of the patient, ovarian disease being very rare at that age.

Dr Wilson stated that the oldest patient thus affected with whom he had met, was 50 years of age.

Dr. Erich said that Dr. Atlee had operated upon one, aged 78, with success.

Labor After Ovariotomy.—*Dr. Wilson* said that he had just had a letter from the patient, upon whom he performed ovariotomy some months ago (Maryland Medical Journal, Dec., 1879, p. 124), she being pregnant at the time. She had just been safely delivered of a child weighing, according to her statement, eleven pounds.

Cysts of Orbit.—*Dr. Chisolm* reported two curious cases of cyst formations in the orbit.

The 1st was in a boy, aged 16. One month ago he observed that his left eye was begining to protrude. He came under care a few days ago, when in addition to the exophthalmos, there was an elastic swelling in the corresponding temple; pressure upon the ball increased the temporal swelling, and *vice versa*. There was no inflammation about the eye. Pressing on the tissues at the side of the orbit produced an increase of the exophthalmos. The swelling in the temple was then punctured; a quantity of dark colored fluid escaped. The point of the probe introduced into the puncture entered an orifice in the outer orbital plate and passed deeply behind the eyeball, to the depth of 3 inches. With the withdrawal of the fluid, the ball resumed its normal position. On the same day,

another patient presented himself with an enlargement within the orbit; after puncture of this and the evacution of a large quantity of fluid, the probe entered the nasal cavity, from which a great deal of fluid escaped with much relief to the patient.

IRRITATING EFFECTS OF IODOFORM.—*Dr. Chisolm* said that he had been in the habit of using iodoform daily as a local application in ulcers of the cornea; no irritation had been ever produced in any case until very recently. Two weeks ago, he removed a cancerous lid and performed blepharoplasty. Iodoform in powder was applied during the healing twice a day; it produced such irritation that in three days the whole cuticular surface peeled off, the cicatrix opened, and the discharge from the conjunctiva ran under the flap. The iodoform was stopped and oxide of zinc ointment applied, where upon the trouble rapidly disappeared. This was the only instance coming under his observation, in which iodoform caused suppuration. This lady patient told him that her physician had on a former occasion used it three times consecutively with the same result.

Dr. McKew mentioned a case in which the application of an ointment composed of ℥ i oxide of zinc to ℥ viii vaseline to the seat of a severe burn produced intense pain, the vaseline alone causing no such effect.

Dr. Erich was not sure that some other preparation of zinc had not been used by mistake.

Dr. Chew makes use of iodoform in affections of the larynx, applying it by insufflation. Its effect is soothing; not once has he observed any symptoms of irritation.

PARALYSIS OF LEFT VOCAL CORD.—*Dr. Arnold* reported a case of aphonia occurring after diphtheria in a young lady, aged 17. The patient could not speak above a whisper. She had been under skillful treatment for nearly two years without any benefit. On laryngoscopic examination, the trouble was found to be a complete paralysis of the adductor muscle of the left vocal cord Attempted phonations of vowels produced full expansion of the right cord, which even protruded beyond the median line, while only the superior edge of the left vocal cord became visible. Previous trials of the internal application of electricity having been unsatisfactory on account of very unpleasant symptoms that followed its use, he concluded to excite the cord mechanically with the brush and to apply the faradic current over that portion of the neck which corresponded with the affected region in the larynx. Improvement followed rapidly upon this plan of treatment. It was especially noticeable that the voice in singing became fuller and clearer than in ordinary articulation. In fact the voice in speech had a monotonous character for a considerable time after improvement had set in. Occasionally it would become harsh or husky, which always resulted from a laryngeal catarrh that readily yielded to the application of a mild solution of alumen to the larynx. The treatment was continued for nearly seven months until the voice was completely and permanently restored.

Dr. Chew would consider the faradic current as more energetic than the brush. The external use of the former often produces excellent results; he had known cases to improve under it, in which its internal use had been tried in vain. Pulvermacher's belts, which apply the current externally, are used a great deal in England.

ABDOMINAL ABSCESS SIMULATING OVARIAN TUMOR.—*Dr. Erich* reported a case, which at first sight seemed to be one of large ovarian cyst.

The tumor, which was of a globular form and extended two inches above the umbilicus, presented all the symptoms of a cystic formation. The history was, that, after confinement, a swelling appeared in the right side of the abdomen, which gradually increased so as to fill the cavity. The diagnosis made was pelvic cellulitis, although no induration could be discovered by a most careful vaginal examination. The patient returned subsequently, when the tumor was reduced to one-half its former size and was evidently half filled with gas. On placing her in different positions, the dulness varied. The gas showed communication with the intestine. Duncan describes cases where the inflammation

passes out along the broad ligaments into the distant tissues the original site healing as it advances; this was evidently a case of that sort. On the following day a great part of the gas had disappeared, proving that it had not originated within the cyst, for had it been due to decomposition, it would not have been absorbed so rapidly. A large pelvic abscess being clearly made out, aspiration was practiced and 1 qt. of pus of a most horrible odor drawn off. The cavity was completely emptied, hermetically sealed and then the case left to nature

After this her condition improved very much; the hectic fever left her; pulse, appetite, temperature, all became more normal. The cavity refilled, however, and aspiration was again had recourse to and the cavity was washed out 14 or 15 times with ½ per cent. sol. of carbolic acid the abscess being distended with the fluid by means of the nasal douche. But the abscess continued to refill and finally got so large that laying it open and drainage was contemplated. He was unable, however, to determine whether the walls were adherent to the adominal walls or not, and he expressed a desire to be informed whether and how this question of adhesion could be determined. Drainage was effected by means of a trocar and canula; the canula was retained in the sac, being attached by means of a rubber tubing to a rubber bag, which was placed by the bed, the abdomen being kept bandaged. The sac was washed out daily until the 5th day, when no more water could be introduced and the abscess had evidently closed. In a few days more the little superficial opening also closed and the patient was entirely well.

Dr. Erich related another case of large abdominal abscess similar to the above. He at first took it for a fibro-cyst, but on drawing some of the fluid with the hypodermic syringe he found it to be pure pus, although not at all offensive. After this little operation pus could be seen flowing from the minute opening; even so small a puncture is liable to a discharge, unless you relieve the tension.

Influence of Anaesthetics on Foetus.—*Dr. McSherry* inquired as to the influence of anæsthetics on the unborn child, and related a case in which he administered chloroform to a lady during her confinement; the labor was not particularly severe, but when the child was born, there was no pulsation in the cord which was blanched and attenuated; the child gave a few gasps and then life ceased. He thought there might have been cause and effect here, although the fœtus doubtless was influenced by the delicate health of the mother. The question was, whether in case of a very delicate mother in labor with a feeble child, it would not be better to let anæsthetics alone.

Dr. Clagett stated that his experience had not furnished him with any evidence of such an unfavorable influence, nor had he seen it alluded to in any works bearing upon the subject.

Dr. Powell said that he objected and refused to give chloroform in labor, except in case of necessity; he prefers to let the patient suffer. He related the following case: A lady in vigorous health, the mother of five children had been in labor seven hours with her sixth child, which seemed also to be strong and healthy. She now insisted upon having chloroform, which was administered accordingly during the remaining three hours of her labor, about ℥i being consumed in all. Up to a few moments before the birth of the head the fœtal movements were strong. There was some slight delay in the delivery of the shoulders, and when the child was born it was lifeless and prolonged efforts to resuscitate it completely failed. In cutting the cord, the blood was very black, in fact, hardly distinguishable as blood. He believed the life to have been sacrificed by the chloroform

Dr. Steuart related a case of a perfectly healthy woman in her third labor; this lasted five hours, and chloroform was administered during the course of it. The child was apparantly dead when born, but was resuscitated. There was the same black color on cutting the cord as in Dr. Powell's case. The speaker was very strongly impressed as to the injurious effects of the agent upon the child in the case related. It was kicking violently up to the beginning of labor. About ℥ij were used in the space of three hours.

Dr. Reiche uses it only in the last pains and never in the quantity of ℥ ij.

Drs. Powell, Steuart and McSherry stated that they had used it only intermittently.

Dr. McKew said he was not at all friendly to the use of chloroform in labor, but yet thought the quantity thus employed too small to hurt the child. He never saw the hydrate of chloral produce the slightest alleviation of labor pains.

Dr. Erich had never used chloral for this purpose; those who have done so extensively have abandoned it. He believes it to be useless. He employs the chloroform intermittently. He administers it by pouring on cotton, in the bottom of an ordinary lady's powder box. He gives only enough to "take off the sharp edge of the pains." In one case he thinks a post-partum hemorrhage was due to it.

Dr. Wilson uses chloroform very extensively in obstetrical practice; he attends very few labor cases in which he does not give it. Yet he recollected but one case in which after its use the child came near dying; this was a case of arm presentation, in which, of course, version was necessary, and in which the cord was wrapped around the neck of the fœtus. He was not inclined to think it had any injurious effect on the child. He has had but three cases of post-partum hemorrhage threatening life; of these but one had taken chloroform. He had not seen the slightest benefit from chloral in labor.

CORRESPONDENCE.

The Intense Pain in Cholera-Morbus Instantly Relieved by Atropia after the Failure of of 30 Minims of Majendie's Sol. Morph. Administered Hypodermically.

Mr. Editor:—I give an account of this case because it is the first time I have ever had such large doses, in such a small space of time, fail to relieve a patient of pain, and secondly because others may meet with such cases and try the same remedy.

On 19th July I was invited by a friend to take a trip to Coney Island on his steam yacht. As the weather was warm, company agreeable and yacht swift and beautiful I accepted. The trip down the bay was very pleasant as the hot calm gave way to a morning zephyr fanned into existence by the speed of the lovely craft.

We landed at the Island full of glee, not cognizant of the pain in store for one of our happy group After fixing an hour for our departure, we scattered, each one or pair (as the case may be) to enjoy themselves in a manner best suited to their taste.

As none of us was trying to beat Tanner's fast we felt at liberty to enjoy the delicacies which we would naturally find at such a famous resort.

One of our number before arriving at home found that it is sometimes opposite to what was written by "Cervantes in Don Quixote" "that the stomach is the reservoir of health." She found it a reservoir of pain after imposing upon it baked blue fish, soft shell crabs, and other things equally capable of giving trouble.

We had scarcely left the "Iron Pier" when I was informed that I was wanted by a lady. I found "a fair form of excelling nature" suffering intense pain, vomiting and purging to an extent seldom witnessed. Evidently a case of "Cholera Morbus" and nothing to give but some of Majendie's Sol., which with a hypodermic syringe comprised my armamentarium. As she was vomiting I concluded to give my remedy hypodermically, which I did. I commenced with 10 minims, and after waiting half an hour I found she was not relieved a particle, as she had "spasmus muscularis" of fore arms, legs and abdomen. I gave 10 more minims in same way and with same result. This time I waited longer and after space of 45 minutes I gave the remainder of the world renowned anodyne, but my patient still "writhed

with the crampings of pain." I could do nothing but wait and watch, as brandy, sinapisms, in fact all treatment was out of the question. In less than half an hour from last injection we arrived at the wharf, and I sent to the nearest drug store for several articles, one of which was a bottle of Sol. of Atrophia. As she was still vomiting occasionally I concluded to try a hypodermic injection of this sol. I gave 1–80 grain and its effects were like magic, pain gave way to ease, and groans to quietness. In a few minutes she was sleeping as natural as she ever did. She remained so until next morning when she was conveyed home in a carriage. Her diarrhœa continued several days but was relieved by large doses of Bismuth sub. nit. I shall hereafter mix atrophia with my Majendie's Sol. as some of my medical brothers do.

Yours respectfully,

James Q. Wrightson, M. D.

Newark, N. J.

SELECTIONS.

A "Crede" Method Among the Kiowa Indians—a Contribution to Obstetric Literature.—By G. A. Moses, M. D., St. Louis. Dr. L. L. McCabe, Surgeon to an Indian Agency, relates to me the following interesting fact in aboriginal obstetrics:

An Indian woman, of the Kiowa tribe, one of the wildest tribes, which has come scarcely at all in contact with the whites, had been in labor for three days, and, it being apparent to the friends and midwife squaw that successful natural delivery was impossible, and that under the native treatment by incantations, beating of tom-toms, etc., the woman's strength was becoming rapidly exhausted, assistance of the Post medical officer was desired. It was only after several visits to the wigwam that the doctor finally was allowed to make a very hasty and imperfect digital touch. The head was arrested in the cavity. After still further delay he was permitted to apply the forceps, which, to the intense amazement of the lookers-on, drew forth a living infant. As soon as this was effected, the physician was rudely pushed aside, and the midwife took charge of her case, compelling the woman to rise to her feet. She was sustained in a bent posture, grasping with both hands the centre pole of the tent; then the squaw proceeded to carry out methodically. Crede's method of expressing the placenta, by compressing the uterus through the abdominal walls, with both hands pressing in the direction of the pelvic cavity, until the placenta appeared at the vulva, when it was seized with one hand and withdrawn; the patient was then allowed to resume recumbency, and a highly ornamented buckskin bandage was adapted to pelvis and abdomen; this was drawn snugly by buckles and straps. The doctor says it looked as though it had been in use some time, and a most perfect-fitting bandage. The patient made a good recovery, and the white man's "iron hooks" are established in reputation among the band.

If the Indian mother gives birth to twins, only one is allowed to live. In case of the birth being male and female, the latter is delivered to an old squaw, and nothing further is heard of the luckless papoose. In case of both children being of the same sex, the feeblest is put out of the way.—*St. Louis Courier of Medicine.*

To Keep Flies from Horses.—A cold infusion of walnut-leaves sponged on the horse is said effectually to keep flies away.—*Louisville Medical News.*

Disinfection of the Stools in Typhoid Fever by Charcoal.—M. Maurel, a naval surgeon, stated at the Therapeutical Society (*Lyon Med.*, May 23), that the fetid stools in typhoid fever are easily disinfected by administering one and a half or two grammes of Belloe's charcoal. The absorption of putrid matters is obviated, and the favorable issue of intestinal ulceration is assured. The charcoal may even destroy the infectious agent, and it suppresses the fetid odor of the stools. Dr. Guéneau de Mussy observed that for the prevention of auto infection Chomel was in the habit of giving chloride of lime in typhoid cases, and that he himself has for a long time past administered for the same object salicylic acid in rice water, sometimes adding a little lemon-juice. M. Constantin Paul, in imitation of Polli, administers the hyposulphite of soda in enemeta when the intestine is gravely affected, using them cold in typhoid fever, and tepid in dysentery. As to the action of charcoal, judging from the fact that when it gains admission to the lungs it sometimes causes chronic pneumonia, he fears that it might cause too much irritation of the Peyerian patches; it does not combat flatulence as an absorbent, but as a stimulant, restoring their vitality to the tissues and exciting them to fulfill their functions. M. Grellety observed that Dr. Bouchard gives a tablespoonful of charcoal every three hours. The fetid odor disappears, and neither hemorrhage nor other accident is produced. The statistical results of this treatment are very favorable.—*Medical Times and Gazette.—Lancet and Clinic.*

Dr. Geo. J. Engleman in the *St. Louis Medical and Surgical Journal.*—makes the following summary of treatment of Post-Partum hemorrhage.

Regardless of the kind of treatment heretofore adopted by myself, I will now, in conclusion, briefly outline that treatment of post-partum hemorrhage, which seems to me the most rational, as suggested by my own experience, and a careful analysis of the recent experience of able and judicious obstetricians.

A.—PREVENTIVE TREATMENT AFTER INDUCTION OF LABOR.

1. Careful attention to every detail, and strict observance of obstetric rules in *every* case of labor,

2. The administration of a full dose of ergot as the head enters the vaginal orifice.

3 Should hemorrhage threaten, follow the uterine fundus with the firmly superimposed hand.

4. Express the placenta by Crêdé's method, and retain a firm grasp upon the fundus.

B.—TREATMENT OF AN EXISTING HEMORRHAGE.

1. External manipulation, pressure, and friction with the cold hand, or with ice.

2. Ergot—best subcutaneously, one or two large doses, whilst other manipulations are in progress.

3 Introduction of the hand into the vagina, and if no contractions follow, into the uterus; removal of the clots and irritation of the surface, in order to stimulate contractions.

4. The subcutaneous administration of ether.

4*a*. Ice or vinegar, if at hand, may now be tried in the uterine cavity, but if they fail must not be persisted in.

5. The hot water douche, which, if it is not followed by the desired contraction, will at least stimulate the patient, and cleanse the cavity, so that the final, safest and most reliable remedy may be resorted to.

6. The iron swab—This may be used at once, if the introduction of the hand and the subcutaneous injection of ether fail, or after a trial of the hot water douche; but in desperate cases must be resorted to at once, without losing time with other less reliable methods.

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BALTIMORE, SEPTEMBER 1, 1880.

SPECIAL NOTICE.

Subscriptions to this Journal for the year beginning May 1st, 1880, Volumes VII and VIII, are now due, and subscribers are requested to remit the amount to this office during next thirty days.

Any subscriber desiring the Journal discontinued is requested to send a notice to that effect by postal card, otherwise the Journal will be mailed to his address for the coming year.

A large number of sample copies of each issue are mailed to different members of the profession. Any physician receiving a sample copy, and is desirous of trying the Journal for three months can have it mailed to his address for that time by remitting fifty cents.

Correspondence from members of the profession invited.

EDITORIAL.

THE CITY OF BALTIMORE.—The above is the title of a communication addressed to the *Cincinnati Lancet and Clinic*, of August 14th, by a correspondent from Baltimore signing himself R. B. D. This communication contains such misstatements and does such great injustice to the medical profession of this city that we feel called upon to give greater notice to the article than its merits claim. The writer says: "The thrift and prosperity which has attended this city of monuments of late, and continues to extend its glow over her future, has not favorably affected the medical profession within her limits. On the contrary, if one were to judge of the health of her merchantile and manufacturing interests by the state of her professional interests the former would be set down as decidedly bad."

This assertion may be answered by the statement that the writer simply reflects his own status as a medical practitioner or else writes in total ignorance of the true relation which the profession bears to the general prosperity of our city. If any fact has been demonstrated, during the past few years, it is that unusual progress and prosperity have attended the medical interests in this city. This may be shown by a simple appeal to the medical practitioners, in this city, who are engaged in close attention to professional duties.

Again; the writer says "Your city, (Cincinnati) the cradle of diploma mills and the home of eclectics, homœopaths, etc., can boast, however, of three regular medical colleges conducted on wholesome principles; but this great city (Baltimore) claiming a hundred thousand more in population cannot be proud of a single institution where medicine is taught a thorough and dignified manner."

"Up to the close of the war medical education here was good; since that time it has been indifferent, and may now be called bad."

These statements are so unjust and misleading, that nothing but malice could have suggested them. We have in our city but two medical schools, the University of Maryland and the College of Physicians and Surgeons. The former school has existed over 72 years, and her alumni are scattered over this entire country, many of them occupying positions of high trust. At no time in her history has her course of instruction been more *thorough* or *dignified* than at present. Annually she graduates medium-sized classes of students, but these young men are as well prepared to compete for positions of trust as those graduated from other schools. Each class from this school, during the past 10 years, has furnished one or more members to the Army, Navy and Marine Hospital Service. In civil life they succeed equally well.

It is a fact worthy of note that the man who has contributed as much to the honor of the profession in Cincinnati, as any other during this generation, is an alumnus of the University of Maryland. We refer to Prof. Roberts Bartholow, now of Philadelphia. The other school, the College of Physicians and Surgeons, is comparatively of recent growth but during the few years which

have passed she has gained rapidly in numbers, influence and usefulness. In the Faculty of this school are men of energy and ability, and by dint of perseverance and close application to professorial duties they have succeeded in attracting large classes of young men from all sections. The course of instruction and advantages offered have been perfected each year with astonishing evidence of a purpose upon the part of the Faculty to make the education of medical students thorough and substantial.

The charge made by the writer that Baltimore "can not be proud of a single institution where medicine is taught in a thorough and dignified manner" is a total misrepresentation of facts unless it be admitted that the system of medical instruction, which has been in practice during the past by a large majority of medical schools in this country, comes under this distinction. Medical Instruction in Baltimore is similar to that employed in other large cities, nay more, up to this time it has been just as thorough and as conscientiously performed. With the tidal wave of "higher requirements" which is spreading over the entire country the schools here have recognized the importance of elevating their requirements and during the past few years by the system of "prizes for competitive examinations" have secured better examinations from their classes.

Again he says, "the Medical Societies of Baltimore are three in number. The Clinical Society, East Baltimore Medical Society and the Baltimore Academy of Medicine. The latter admits no one to membership who has not been in practice ten years. In addition to this feature a prize of a hundred dollars is given annually for the encouragement of original research. The last prize was taken by Dr. Councilman of this city, but I have not been able to learn the subject of his essay." This statement is true as far as it goes. Baltimore has not only three medical societies, as noticed by the writer, but two others, the Baltimore Medical Association, the oldest medical society in the city, and the North-Eastern Clinical Society, composed principally of young men, but doing good work. The fact that the writer did not learn the title of Dr. Councilman's essay is his own fault. It was publicly announced, and the entire profession in the city was invited to hear it read.

We have given more space to this article than was intended and must leave unnoticed several other statements which show the writer's want of information upon the subjects he discusses with so much freedom of speech.

We are somewhat at a loss to know who R. B. D. is and what are his motives for thus misrepresenting the medical profession in this city. That he has done great injustice to his professional brethren here and to our medical institutions will be made apparent to all who are acquainted with the facts as they really exist. His object has been apparently to tear down our professional standing by an exhibition of ignorance which no physician living in this city should be possessed of. Indeed the writer's ignorance of facts is such that we are lead to suspect that he is not one of our own but a wolf dressed in sheep's clothing, prowling around in our midst, seeking whom he may devour. In fact it is our opinion that R. B. D. is none other than a Professor of Physiology in a Cincinnati Medical College who probably has never spent one week's time, during his entire life, in Baltimore, and is about as ignorant of medical matters here as he is of the status of medical practice in Central Africa.

REVIEWS & BOOK NOTICES.

NOTES FROM CURRENT MEDICAL LITERATURE.

"What Constitutes a Discovery in Science?" is the title of a short pamphlet from Dr. George M. Beard, of New York. This pamphlet is a portion of the preface to the second edition of Dr. Beard's work on Nervous Exhaustion (Neurathenia). It seems to have been written for the benefit of those friendly critics who have questioned whether the philosophy of neurathenia originated with author.

"A Case of Intra-Ovarian Pregnancy with Post-Mortem examination," by Talbot Jones, M. D., of St. Paul, Minnisota. Reprint from the American Journal of Medical Sciences, 1880.

"Relations of Communities and States During Epidemics," by Honorable Jas. B. Eustis. This address was delivered at the Commencement of the Medical Department of the University of Louisiana, New Orleans, March 19th, 1880. It deals with a subject of very great importance and coming from a gentleman of Senator Eustis experience in legislative matters is well worthy of a reading by those who are interested in Sanitary and Quarantine Laws.

BOOK NOTICES.

Third Biennial Report of the State Board of Health of Maryland. Sun Job Print., 1880.

The State of Maryland was one among the first of the States to recognize the importance of establishing a Board of Health. In this respect she has taken the lead of many of her sister States, which yet remain without such organizations. It was only last winter that the New York Legislature created a State Board of Health. Pennsylvania is yet without one, and despite the strong efforts of the profession in that State the Legislature has refused to create a Board or to provide for its support. The Maryland State Board of Health was established some eight years ago. The Third Biennial Report of this Board has recently been issued. This report has been prepared by the Secretary of the Board, Dr. C. W. Chancellor, of this city, and is a most admirable document. This report calls attention to the continued healthfulness of every section of the State, to the exemption she has enjoyed from visitations of Yellow Fever and other epidemic diseases, and to the importance of enlarging the powers of the Board. Reference is next made to the subject of "Yellow Fever," to the "Duty of the State in the Application of Sanitary Knowledge," to the "Cost of Epidemics," to the "Sanitary Condition, and Drainage and Sewerage of Baltimore," to "Open Privies and Cesspools," to "Burying Places in or near the City," to "Wharves, Docks and Public Baths," and to the "Sanitary Condition of Public Schools." "The Necessity for an Abattoir System" is fully discussed, and the present system of slaughtering animals in the midst of a dense population denounced as detrimental to public health.

"Malaria-Loss to the State from its Effects" is considered statistically. Of the estimated population of the State, 850.000, two per cent. annually fall victims to diseases resulting from this poison, entailing a pecuniary loss to the State of nearly a million dollars. The report says:

"The expenditure of $10.000 or $20.000 annually in sanitary surveys, etc., would it is believed reduce the annual loss to the State from this disease alone at least fifty per cent."

"Nuisances in the Counties and in the Belt" are next referred to, and the evils of such nuisances are shown in their effect upon the public health. The State Board of Health having no authority to deal with nuisances, beyond mere advisory measures, has not been able to enforce their recommendations, and in several districts these nuisances have continued to the great detriment of good health. This is clearly shown in certain sections of Baltimore County, notably in the neighborhood of the Jenkins Lane, where a number of slaughter houses are established and surface drainage exists during warm weather, foul odors from which are wafted over a large suburban area. It is evident that a remedy for abating such nuisances should be found. This section, extending beyond the city limits, does not come within the jurisdiction of the Health Commission of Baltimore. Additional power should be granted to the Board to enable the enforce-

ment of sanitary regulations in these suburban sections.

This report refers at some length to the "Penal, Reformatory and Charitable Institutions" throughout the State which were visited during the past year by the Secretary of the Board and found to be in much better condition than two years ago, when many of them were pronounced "wretched beyond all description."

In connection with this report are published three papers from the pens of gentlemen well versed in sanitary matters. The first paper is contributed by Prof. S. C. Chew, on "The Aims of State Medicine." The second paper on "Hygienic Notes in Relation to Water" is from the pen of Prof. Richard McSherry.

The report closes with a contribution from Dr. C. H. Ohr, of Cumberland, on "Preventive Medicine."

This report taken as a whole indicates a commendible interest in sanitary matters upon the part of the State Board of Health. This Board has been organized under most favorable circumstances and before the next session of the Legislature will be able to demonstate its growing usefulness to the State. It is to be desired that the Legislature will then give it additional power to enforce recommendations which are demanded in the interest of health and prosperity to the people of Maryland.

MISCELLANY.

Glycerine in Flatulence, Acidity and Pyrosis.—Glycerine is recommended by Dr. Sidney Ringer in the *Lancet* for the treatment of the above conditions. It should be administered in drachm or two drachm doses with or immediately after food. It may be given in water, coffee, tea or lemonade and soda-water. In some cases a cure does not occur till the lapse of ten days or two weeks. Glycerine retards decomposition, and it is suggested it corrects flatulence and acidity by retarding or preventing fermentation and putrefaction. It is a simple remedy and worthy of trial.

Prolonged Absence from Food.—Dr J. C. Noyes, of Oshkosh, Wisconsin, reports in the *Boston Med. and Surg. Journal* a case of a man, aged 34 years, who has taken no food during the past forty-five days, or water, except to rinse his mouth, during the past nineteen days. "In fact," says Dr. Noyes, "has been unable to swallow either during those respective periods." Owing to his present condition and the imperfect history obtained a satisfactory diagnosis is impossible. An autopsy only would be conclusive. However, the facts above stated can be fully sustained.

Dr. Edwin Stewart, of Mendon, Michigan, reports in the *Medical and Surgical Reporter*, a case of a woman aged 66, who died on the 9th of July, having lived since her breakfast on May 19th, fifty-two days, forty-eight of which were without food of any kind, except three crackers and five spoonfuls of chicken broth.

A case is on record in this city where an individual lived fifty-six days without food. Since Dr. Tanner completed his fast, a number of such cases have been reported.

American Gynæcological Society.—The next annual meeting of this society will be held in Cincinnati on September 1st, 2nd and 3d. Dr. J. Marion Sims, President, will preside. Should this meeting prove as successful as the meeting held in this city last year, the profession of Cincinnati will have an opportunity of enjoying a rich intellectual treat.

Trommer Malt Extract.—Prof. E. R. Palmer of the University of Louisville, Ky., says: "The more I give Trommer Malt Extract the more I am pleased with its therapeutic action in certain of the most chronic maladies."

PILOCARPIN IN ASTHMA.—Berkart recommends the administration of pilocarpin in attacks of asthma. "The powerful revolution which pilocarpine produces in the distribution of the blood, must necessarily have a very beneficent influence in some forms of asthma; for, by attracting a large volume of blood to the skin and to the salivary glands, and by diminishing its volume through the copious perspiration and salivation, the congested internal organs are relieved in a corresponding degree."

Within a few minutes there is marked improvement both in subjective symptoms and physical signs. Alarming symptoms may be developed in cases where there is fatty degenera tion of the heart, but these will soon subside spontaneously, or may be relieved at once by a subcutaneous injection of 1–120th or 1–60th grain of atropin. The dose of pilocarpin should not exceed one-third of a grain. Berkart never gives more than ten drops of a two per cent. solution. During the action of the drug the patient should preserve the recumbent posture—which the almost immediate relief will enable him to do—and he should be carefully watched until the effect has passed off. It is well, also, not to use pilocarpin soon after the patient's meals.—*Brit. Med. Journ.*

THE LONDON LANCET says: "We cannot counsel any young man to enter the profession of medicine who has not private means at his disposal."

FOUR WOUNDS FROM ONE BULLET—AN OLD DUELLING RECORD.—In February, 1819, two fools of the period, named Mason and M'Carthy, fought a duel on the famous old ground at Bladensburg, near Washington. It was fought early in the morning, in a snow storm. Mason had given the challenge, which was unwillingly accepted by the other, who selected muskets as the weapons at the distance of few paces. This was done with a view to prevent the duel, but it had not that effect. With the muzzles of their muskets almost in contact, they fired simultaneously. Mason fell dead, "his life literally blown out of him." M'Carthy was severely wounded in the arm but recovered. On the the person of Mason were discovered four distinct wounds, which gave rise to a suspicion of foul play on the part of M'Carthy. But an examination showed that the ball struck the olecranon and had been split into three parts, each of which had entered the body. The parts were weighed and found to correspond with the ball which had been agreed upon. The narrative concludes with the statement that the laws against dueling are provided with no penalties so terrible as those suffered by the survivor to the end of his earthly exis tence. One year afterwards, on the same spot, Decatur "died as the fool dieth," at the hands of Barron.—*Pacific Medical and Surgical Journal.*

THE DOCTOR'S STANDING.—"When the outside public can learn to place implicit confidence in a medical man *because* he is a medical man, and when the term becomes a synonym for gentleman and man of integrity, then, and not till then, will the medical profession rank upon a par with its sisters," says the Medical Press and Circular. Then if that is so, never in this world will medicine get its dues. The day is past when rank or avocation is accepted as the only necessary evidence of gentility and integrity. In America to-day Medicine ranks equally with her sisters, Law and Theology; but a man being a doctor, a preacher, or a lawyer is by no means received as absolute, irrefragable evidence that he is a "gentleman and a man of integrity." For proof see the court records of England and America.—*Louisville Medical News.*

POWELL'S COMBINED BEEF, COD LIVER OIL AND PEPSIN is the name of a new preparation, for the first time offered to the medical profession by

Powell's Manufacturing Co, of this city. This preparation is offered as a general nutriment and tonic invigorator in those conditions of the system where an alterative tonic is required. It is especially recommended as a substitute for Cod Liver Oil uncombined or in all cases where it is required, The combination of the Oil with Beef and Pepsin may be regarded a most fortunate one since in addition to the fat producing qualities of the oil, a nitrogenous, food such as beef, is present, the two nutriments being made easy of digestion and assimilation by the presence of pepsin. This combination is a most perfect one the Beef, Cod Liver Oil and Pepsin being held in suspension by a palatable emulsion which is pleasant to the taste and readily borne by the stomach in its most feeble conditions. The profession should give it a fair trial.

Promotions and Appointments in the United States Marine Hospital Service.—At the regular examinations held by the Marine Hospital Service, in New York, June 21st to 25th, the following promotions and admissions were made:

Assistant Surgeon John Godfrey, to be Passed Assistant Surgeon; Assistant Surgeon F. H. Brown, to be Pas sed Assistant Surgeon.

Dr. John Guiteras, of Philadelphia; Dr. Wm. A. Wheeler, of Evansville, Ind.; Dr. J. A. Benson, of Hoboken, N. J., and Dr. C. E. Banks, of Portland, Me., passed the examinations, and were admitted to the service as Assistant Surgeons.

Amniotic Sac Without a Fetus.—In the Obstetrical Society of Philadelphia, Dr. E. O'Hara exhibited a bag of waters which had been discharged entire. It was thickened, but contained no fetus. The supposed pregnancy had advanced to three months. Dr. Bernardy had seen an empty amniotic sac discharged with the placenta of a living child. There had probably been a twin conception, with death to one fetus. Dr. W. H. Parish said if the fetus died before the end of the second month it might be absorbed.—*American Jour. Obstetrics.*

Gurjun Oil in Leprosy.—Surgeon C. T. Peters has submitted a report which has been circulated by the Bombay Government, detailing the result of the use of gurjun oil in the Roman Catholic Leper Asylum of Belgaum. Twenty-nine patients were subjected to treatment, which consisted of (1) inunction of the whole body every morning with carbolic acid (1 in 30); (2) a bath of warm water and soap a few hours afterwards; (3) an application of gurjun emulsion, one to three of lime-water, to the affected and ulcerated parts; (4) application of cashew-nut oil to anæsthetic and ulcerated parts; (5) chaulmoogra oil in five-minim doses, with 5 grains of bicarbonate of soda, and an ounce of peppermint water internally. Under this plan considerable improvement took place, the sores were healed, tubercles absorbed, and sensibility was partially restored. Dr. Peters summarizes the merits of gurjun oil as follows: (1) Its rapidly-healing action on chronic leprous ulcers. (2) It softens the skin. (3) Prevents the collection of flies. (4) Its cheapness. (5) Its efficacy in the treatment of chronic skin diseases. Surgeon-General Hunter, in forwarding the paper, however, remarks that an extended trial by medical officers of gurjun oil in the treatment of leprosy has only ended in disappointment.— *Calcutta Med. Journ.*, March.—*New Remedies.*

Metaphosphoric Acid a Delicate Test for Albumen in Urine.—Dr. W. C. Grigg states, in the *British Medical Journal* for May 29th, 1880, that he has recently made a series of experiments with nitric acid and metaphosphoric acid, and finds that the latter acid will demonstrate the presence of albumen after the former has ceased to give a re-action. His

attention was first directed to it by Dr. Dupré, F. R. S. He believes it has long been known to chemists, and used by them as one of the most reliable tests, if not the most reliable, for albumen, but he is not aware that it has been used for clinical purposes.

In using it care should be taken that the solution of metaphosphoric acid is freely made, and that no heat is applied to dissolve it, as it is a very unstable acid and readily decomposes. The plan he has adopted is to put a piece of metaphosphoric acid about the size of a pea into a drachm of distilled water. The urine can either be added to the solution or the acid solution to the urine. If there be a trace of albumen, the urine will immediately become turbid and of a milky white color.—*Phil. Med. Reporter.*

Sleeplessness.—The following is recommended as a cure for sleeplessness: Wet half a towel, apply it to the back of the neck, pressing it upward toward the base of the brain, and fasten the dry half of the towel over so as to prevent the too rapid exhalation The effect is prompt and charming, cooling the brain and inducing calmer, sweeter sleep than any narcotic. Warm water may be used, though most persons prefer cold. To those who suffer from over-excitement of the brain, whether the result of brain-work or pressing anxiety, this simple remedy has proved an especial boon.—*Med. Press and Circular.*

A New Hospital Bed Dress.—A new bed dress for the sick has been introduced in England It consists of a long shirt, with rows of buttons before and behind, and on each sleeve from the neck to the wrist. Its advantage consists in the facility with which every part of the body and extremities may be examined without moving the patient no matter in what position he may be lying.

Spontaneous Horse-Pox has been discovered in stables in Paris. It is said to be identical with cow-pox.

Benzol in Whooping-Cough.—Dr. John Lowe writes to the *Lancet* (Am. ed. for July) that for ten or twelve years that he has used benzol as a remedy for pertussis and that he has not found it to be of service until the acute stage has passed. After the first fortnight he gives the following: Benzol, 2 to 10 minims; tincture of hyoscyamus; compound tincture of chloroform to suit each case; mucilage of gum acacia, and water, in sufficient quantity. The benzol should be pure, although, barring the unpleasant odor, he has not found the less pure variety less efficacious.—*New Remedies.*

New Operation for Prolapsus Uteri.—A radical operation of a novel character for the relief of prolapsus uteri has been originated by Lefort, of Paris. It consists in uniting the anterior and posterior vaginal walls along their mesial lines, so as to make two vaginas instead of one. After the operation the two vaginas lie in lateral proximity like a double-barrelled shot-gun. The surfaces freshened are about half an inch wide and two inches long, and are held in position by sutures. The operation is said to be not difficult of performance, and quite successful in preventing prolapse.—*Canada Med. and Surgical Journal.*

Professor Polli, so well known through his researches on the Sulphites, is dead.

Opium Smoking.—A Prize of $250 has been offered by an English gentleman, interested in the matter, for the best essay on the medical means of counteracting the effects of opium-smoking in China. This essay should contain suggestion as to the best method of conducting an opium refuge (or hospital) in that country. Dr. Risdon Bennett, Dr. Sieveking and Sir Joseph Fayrer will act as adjudicators. If thought advisable, a second prize of $125 will be given.—*Medical Record.*

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THE URÆMIC THEORY.

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(*Continued from last Number.*)

The three leading forms of kidney lesion in chronic Bright's disease generally recognized, are, as you know, the large white kidney, the granular (contracted or cirrhotic kidney) and the lardaceous (waxy or amyloid kidney); the 1st (large white kidney) characterized by œdema and *scanty* urine; the 2nd (granular kidney) by little or no œdema, but by abundant urine and cardiac hypertrophy; the 3rd variety (amyloid) resembling in these features the granular form.—Now it is admitted by all pathologists, that in the 2nd variety, or granular kidney there is an almost constant persistence, during the period of status, or acme of the disease, of the elimination of the average amount of urea. Bartels found in several analyses about 30 grammes of urea were voided in the 24 hours, while in the parenchymatous form (large white kidney) the daily amount did not exceed 13–20 grammes—yet in flat contradiction to the teachings of the urea theory, uræmic symptoms, so-called, are *much more frequent* in the *granular* form where the urea is excreted most *fully* and therefore according to these theorists there is *least* accumulation of urea in the blood. Charcot, in his able "Lectures on Bright's Disease," (Translated by Millard, 1878, p. 60–61) notices this singular fact in the following words. "It is especially in subjects suffering from interstitial nephritis that we meet with the varied and generally insidious nervous accidents known under the name of chronic Uræmia," (Amaurosis Headache, Vertigo, Coma and Convulsions.) He asks, "how does it happen that we find this frequency and variety of uræmic accidents in a form of the disease where generally the average amount of urea excreted in the 24 hours does not vary much from the normal physiological condition?" His attempted explanation fails entirely to break the force of the clinical fact against the urea theory. He says substantially, that notwithstanding the hypertrophy of the heart is a conservative effort of nature to overcome the obstruction of renal circulation, and so far succeeds as to establish an equilibrium and secure a large excretion of urea, yet it is an unstable equilibrium and liable at any

moment to be destroyed by the occurrence of emotion or other shock, which weakens the heart and thus allows the retention of the urea and its consequences,—uræmia. The French Histologist seems to forget that he is required to explain the remarkable obnoxiousness to uræmia of a class, or type of cases with free excretion of urea, as compared with the immunity of another class, or type of cases with diminished excretion of urea and, as both classes include human beings equally liable to undergo moral emotion, it is hardly fair to assume that a man afflicted with *intestitial* nephritis is more likely to hear bad news than the victim of of *parenchymatous* nephritis and if he were, that he cannot better withstand the shock, fortified as he is with an hypertrophied heart than with a weak one. No! this clinical difficulty remains unanswered and appears to me fatal to the whole urea theory.

Charles II of England, it is said, once visited the Royal Academy and puzzled the savans by asking them to explain why a fish weighed more out of water than in it. After offering many possible solutions of the problem, one member, more sagacious than the rest, proved by experiment that there was no difference of weight in either case. Let us imitate his wisdom and before proceeding further in this discussion, ask:—Is it a fact, as the urea theory assumes, that this urinary ingredient is a poison *per se* and capable of producing the fatal effects attributed to it? Now independent of the *a priori* improbability of a bland, soluble salt, found not only in normal blood, but in still larger quantities, recently in chyle and lymph, (Wurtz) and generated in the adult to the amount of 500 grains daily, all of which, whether eliminated rapidly or slowly, must have previously existed without injury, in the circulation, becoming suddenly capable of producing poisonous effects, we have the positive proof derived from clinical and physiological experiments that it is wholly innoxious. Dr. Tanner of England (Med. Times and Gazette May 8, 1852) employed urea with benefit in cases of albuminuria as a diuretic, as did also Prof. Manthner of Vienna, who gave it in 10 grain doses every 6 hours with complete relief in dropsy and albuminuria. (Braith Ret xxv, 161) Dr. Tanner remarks, "It is unnecessary to resort to experiments to prove that urea, medicinally administered, does not exert any deleterious or poisonous agency upon the system, because this has been done by Dr. Todd. In the human subject, a copious diuresis has been the only effect produced in many of the cases in which I have employed it, nor has it given rise to any unpleasant symptoms, whatever. The ordinary dose is ten grains every 6 hours; as its effects decrease, the dose may be augmented to a scruple or more." "M. Segalas (Journ. de Physiologie Experimentale, et Pathalog par M. Magendie, tone 11, 1822, p 356) gives the same opinion. He says: "that the effects on animals consequent on the injection of urea into their veins having determined M. Fouquier to try this substance on man, we have administered it together in gradually increasing doses and the facts that we have collected so far, are such as to confirm our idea upon the diuretic action and further upon the *innocent* operation of the new medicine." In the same Journal will be found the detail of the experiments of Vanquelin and Segalas who injected into the vessels of animals quantities of urea and water, varying from 10 grains to a drachm, without any ill effect, beyond a slight disturbance of respiration and circulation in the last experiment, which they attributed to the *sudden* introduction of the fluid. M. Gallois threw 5 grains of urea into the stomach of rabbits daily, for 3 days; in 3 or 4 minutes it past into the urine and ceased to be excreted in 60 or 70

hours (Comptes Rendu April, 6, 1857; Chemical Gazette, July 1857). Hammond, threw 60 grains of urea diluted with 4 of water into the jugular of a large dog. The dog went to sleep and woke in 2 hours perfectly well. He then passed large quantities of urine. In a second experiment 60 grains of urea with 115 grains of vesical mucus in 4 oz. of water were injected with like results (Amer. Med. and Chir. Rev., Phil. March, 1838). Frerichs repeatedly injected from 20 to 40 Grammes (300–600 grains) of filtered human urine, without any ill effects following (Braith Ret. xxv). Drs. Eeltz and Ritter injected 10 or 15 grammes of urea into the blood-vessels of the dog without inducing any morbid effects (La France Medicale, 1878). Richter found that a saturated solution of urea applied directly to the sciatic nerve of frogs produced no convulsion or irritation at all (Cited by Roberts op. cit p 429, from F. Richter's Inaug. Diss. Erlangen, 1860). Hammond, however, in an article on "Uræmic Intoxication" (Amer. Jour. Med. Sci. Jan., 1861) gives the details of a number of his experiments on dogs, which he thinks demonstrated the fatal effects of urea when injected into the veins and, as they are cited in support of the uræmic theory, they deserve a careful consideration. The details of several experiments with the post-mortem appearance of 6 are given; the first 4 without removing the kidney, the last 3 with the kidneys ablated, or the renal arteries, or the ureters tied. In each of the first series of experiments, 100 grammes of blood were first taken and tested for the presence of urea (which was usually found in large amount), then urea was injected in amounts varying from 3 to 25 grammes, and every few hours, while the animal survived, 100 additional grammes of blood were drawn and tested for urea. The venesections being never less than two and sometimes three in each experiment, amounting in many cases to one-third of the whole amount of blood in the circulation of the animal. This estimate I base on the proportion which the blood of the dog bears to its weight, which is 1–16 as ascertained by Herbst (De. Sanguinis quantitate, &c., Gœttingæ, 1822 and Carp. 'Hum. Phys. p. 170). As Hammond gives the weight of the dog experimented upon, the whole amount of blood in each animal is readily calculated. One of these dogs, strange to say, survived this depletory treatment, the rest very naturally succumbed. Why the Doctor should have so repeatedly drawn their blood, merely to ascertain the presence of urea, which he himself injected into it, is not very clear. It was certainly a very good mode of relieving them of the effects of the urea he had introduced, but at the expense of their lives by loss of blood, and reminds one of an impatient child peeping into the oven so frequently to watch the dough, that the oven is cooled and the cake spoiled. If Dr. Hammond intended to show by these experiments the ill effects of excessive *blood letting*, they were well devised, and a success; if to show the poisonous effects of urea, a signal failure. The other series of experiments were performed on animals in whom either the ureters were tied, or the kidneys removed, operations which Hammond would have us believe renders the condition of the animal analogous to that which prevails in Bright's Disease This may be true as far as the prevention of excretion is concerned, but, surely the additional shock of removing both kidneys and the probability, we might say, certainty of septicæmia ensuing makes a very wide difference in the two cases. The only diseased conditions in man analogous to that of the animal, after tying the ureters, at least, are those of obstructive suppression of urine from the impaction of a stone into the ureter of one kidney where the function of the

other had been destroyed, or the organ itself is congenitally absent. We may also have a similar condition of non-excretion in hydronephrosis, where the functions of both kidneys is destroyed by disease, or congenital defect. But even in *these* cases, death does not follow so certainly or rapidly in man as in the nephrotomized animal, showing there is an additional factor that hastens the fatal event in the latter. The books supply abundant illustrative cases of this; some few of which I here tabulate.

CASES OF SUPPRESSION OF URINE.

AUTHORITY.	LENGTH OF SUPPRESS'N.	VICARIOUS EXCRETION.	COMA AND CONVULSION	MODE OF DEATH	AUTOPSY OR DIAGNOSIS.
Roberts Op. Cit. p. 47	9 days.	slight	none	Exhaustion.	Right ureter imp'd. Left kid. destroyed.
" " " 51	5 "	Vom. 1 day	none	Exhaustion.	Both Ureters Impacted.
" " " 54	8 "	none	none	Recovered.	Supposed double Hydronephrosis.
" " " 56	9 "	none	none	Recovered.	Supposed Calculi or Hydronephrosis.
" " " 57	3 "	Diar'a 1 day	none	Exhaustion.	Scirrhus Tumor closing Ureters.
" " " 58	7 "	none	none	Exhaustion.	Cancer closing Ureters.
" " " 59	9 "	none	none	Exhaustion.	

Biermer, Sydenham Society, year book 1861,—108 hours, no uræmic symptoms, till after the period named, and when urine flowed freely.
Theoph Thompson, Med. Gaz., Jan, 1844,—120 hours, and next 48 hours, only ½ oz. No head symptoms.

Many other cases might be cited, but these are sufficient to establish the facts, that continued suppression for days, may occur without uræmic symptoms and even recovery without cerebral symptoms is possible, notwithstanding the certain presence in the blood of all the urea that has been collecting for 8 or 9 days. Hammond himself admits (Loc. cit. p. 67) that it may be regarded as a well established fact that urea in considerable amount, may be introduced into the blood of healthy animals, without death being necessarily produced," and he further says, "it has been definitely shown that urea is a normal constituent of the blood, and it cannot therefore be regarded as poisonous unless, where, from defective excretion, it accumulates in the blood." How much more accumulation of urea does he think necessary to render it poisonous, than must have occurred in the cases just cited when total suppression lasted without relief, from any vicarious excretion for 5, 7, 8 and 9 days, and this not only without uræmic symptoms, but (in 2 cases) with final recovery? Again we ask where can the Doctor find any analogical support for his assumption "that a *normal* constituent of the blood, in itself *harmless*, can, without change of composition, (for this he denies) became *poisonous*, by mere increase of quantity? Has he ever heard of albumen, or the red corpuscles, or fibrin becoming poisonous by mere increase in quantity? But what proof have we, apart from direct analysis, of this excess of urea in the blood? Must we assume with these theorists, that such excess exists, whenever the solids are deficient in the urine, an assumption as unreasonable as to ascribe the non-appearance of the menses in a chlorotic girl to their retention in the circulation? Yet on this assumption the urea theory is employed to explain the occurrence of convulsion in the parturient state, when accompanied by

albuminuria. Now as scanty urine of low density and deficient in urea, is the common characteristic of albuminuria, it becomes the supporters of this theory to show that uræmic symptoms are equally common and frequent in these cases; otherwise, they ask us to admit the presence of the cause, without the effect. Dr. Tanner (Med. Times vol. 4, 1852, 464) says: (what the clinical experience of all familiar with Brights Disease confirms) that cerebral symptoms may occur in this disease when the secretion of urine is abundant and free, and it is far from true, that every case of Bright's Disease is associated with cerebral symptoms. No small number never have any. Though less urine may correspond with convulsions, yet the secretions may cortinue when the nervous attacks are worst. These brain troubles not unfrequently occur in the absence of ischuria, dropsy and diminished secretion" Dr. Christison's experience is similar. He says: (Op Cit. p. 46) "stupor and fatal coma are not essential consequences of excessive diminution of urine. I have known coma form and prove speedily fatal when 30 oz. of urine were discharged daily up to the time of death. There can be no question that for weeks together the daily discharge may be reduced to one fourth the natural amount without any symptoms of an affection of the head supervening. I have repeatedly witnessed such an occurrence," and in proof he refers to one of the cases detailed by him (No. 3), "where the patient passed but 2 oz. of urine daily for 9 days before death and yet he remained free from uræmic symptoms and sensible to the last." Dr. Addison (Guy's Hosp. Rep. 1839) says also, "it is, nevertheless, far from from true that every such case of Bright's Disease is associated with cerebral disorder. On the contrary, in no very inconsiderable proportion of such cases even to the period of their fatal termination, no cerebral disorder whatever has been observed. Although diminution of the urine may occasionaly be observed, such a coincidence is by no means constant, the secretion continuing to flow in very free quantity even at the period of the worst form of cerebral attack." Thus clinical experience establishes the fact, contrary to the assumption of the urea theory, that there is no constant relation between diminished urine and cerebral disorder. Let us see whether statistics indicate what the proportion is. Unfortunately statistics giving the number of pregnant women subject to albuminuria and the number of those attacked with eclampsia, are very meagre. Blot of France is the only one who seems to have examined this point and he says that of albuminuric pregnant women, only 10 per cent. are attacked with convulsion. If the generally accepted etiology of albuminuria in pregnancy, (mechanical pressure of the gravid uterus on venous circulation and consequent engorgement of the renal veins and congestion of the kidneys), be correct, it is difficult to see how any pregnant woman can escape albuminuria. Yet contrary to what, on this supposition, the uræmic theory would lead us to expect, we find from statistics that puerperal eclampsia is of comparatively rare occurrence, Cazeux (Mid. p. 790) giving but 79 cases of convulsion in 3,306 labors, or about 1 in 485, and Rosenthal (Dis. of Nerv, Syst. vol. 11, p. 79) one in 500 pregnancies, a showing that lends no support to the urea theory. In regard to Bright's Disease our statistics are more ample and definite. Dr. Bright (Guys Hosp. Rep. vol. 1, 382) furnishes the detailed history of 100 cases, of this disease, of which 13 cases exhibited nervous symptoms (coma and convulsions); Dickenson (Med. Chir. Trans. vol. 44. 1861) reports 369 cases of which 35 showed convulsions and coma, making in all 469 cases of Bright's Disease, of

which 46 were attacked with cerebral symptoms, a fraction over 10 per cent of the whole number of cases; while 90 per cent, though suffering equally from diminished and light urine, and hence, according to the urea theory, with accumulation of urea (the fons et origo mali) in the blood, were entirely free from uræmic symptoms! The inference is irresistible, either that urine exhibiting deficiency of urea does not indicate its excess in the blood; or that such excess, if it exist, does not produce the so-called uræmic phenomena. The advocates of this theory may take either horn of the dilemma.

But admitting the existence of urea in excess in the circulation, is it a coincidence, or a cause of the cerebral symptoms? The mere fact of its being found in the blood of Bright's Disease as it seems to have been by Bostock, Christison, Simon and others, proves nothing for the urea theory, unless it can be shown that its presence is uniformly connected with the occurrence of the nervous symptoms attributed to it. For it has been found also in the blood of cholera (3 Shaughnessy); of Yellow Fever (La. Roche); of Remittent Fever (Henderson); Typhus Fever (Taylor); of Relapsing Fever (Brit. Med. Chir. Rev. 1851) and many other diseases, without the production of any such nervous symptoms as we refer to, and it was found also in cardiac disease, in large excess, by M. Quevenne (Becquerel. Researches sur la composition du sang, etc., Paris, 1844, p. 513), when there were no cerebral symptoms during life, and when, on autopsy, it was shown that the kidneys were not implicated at all. But even in *Bright's* disease, the presence of urea in the blood is by no means uniform. Becquerel (op. cit, p. 515) states "seven analyses have been made with the greatest care, to determine if the blood contains urea. Two were made by M. Lecanu, three by M. Quevenne and two by myself. In each of these was not found the least trace of urea." Bright also refers to one of his cases, a young woman, "who had been suffering under albuminuria for three years, and whose blood, according to the analysis of Dr. Babbington was saturated with urea to the extent of 15 grains per 1000, who, "nevertheless," says he "enjoyed very tolerable health" in striking contrast, he adds "to another case, a man, who possessed in a much more decided degree the features of the worst case of Bright's disease, and yet whose blood exhibited *no urea* whatever" (Guys Hosp. Rep., 1832). But let us again appeal to the statistics of clinical experience, the ultimate test of all theories. For this purpose I have tabulated from Dr. Christison's able work on "Granular Disease of the Kidneys," all the cases in which he gives the result of his analysis of the blood, together with the history of the disease, and thus enables us to compare the relation of urea to the symptoms.

SYNOPSIS OF FOURTEEN CASES OF BRIGHT'S DISEASE (*Op. Cit., pp.* 79–144), SHOWING THE RELATION OF UREA AND CEREBRAL SYMPTOMS.

NO. OF CASE.	UREA IN BLOOD.	NERVOUS SYMPTOMS IN COURSE OF THE DISEASE.	MODE OF DYING.	REMARKS.
1	Abundant	Coma & convulsions	Coma	Scanty Urine.
2	none	do do	do	Full Urine.
7	Abundant	Head'e, coma & convuls.	do	Scanty Urine.
8	"	none	do	" "
10	none	Drowsiness	do	" "
14	Abundant	none	Apnœa	Pneumonia Free Urine.
15	"	"	Exhaustion	Free Urine.
17	"	"	"	" "
20	"	"	Recovered	" "
21	none	"	"	" "
24	Abundant	"	"	" " 1.9 pts. per 1000 of urine in
25	"	"	"	" " blood and 97 per 1000
27	"	"	Coma	Scanty " in urine.
29	Well marked	"	Recovered	Free Urine.

From the above synopsis it appears that of the 14 cases, 11, or 78 per cent. exhibited the presence of urea in the blood and 3, or 22 per cent. did not. Of these 11, only two had uræmic symptoms of any kind during the course of the attack, or about 18 per cent., and 9 were entirely exempt from these symptoms, *i. e.*, urea in the blood and cerebral symptoms were associated in 18 per cent. of the cases, while they were *not* associated in 82 per cent. If it be insisted that the coma wherever it terminated any of these cases, should be set down to uræmia —an assumption which would make uræmia, common as coma is at the close of life—the origin of death in a large majority of nearly all diseases—then the deductions from Christison's cases would stand thus: Urea in the circulation and coma were found together in 4 cases—36 per cent. Urea in the circulation and coma were *not* found together in 7 cases—64 per cent; still leaving a large balance on the Clinical Ledger against the urea theory, which it must clear off before we can accept it as a correct explanation of the nervous symptoms in question. But is it possible for so called uræmic symptoms to occur in the absence of an excess of urea in the blood? In lieu of an analysis of the blood, the advocates of the urea theory assure us that the presence or absence of the solids from the urine affords a sufficient indication of the retention, or non-retention of urea in the blood. But we have seen that this criterion is wholly unreliable; scanty urine of low density, being frequently unassociated with so-called uræmia and free, abundant urine of high density, as in interstitial nephritis, accompanied by uræmic attacks. So that nothing short of chemical analysis of the blood, in any individual case, will decide whether there is an accumulation of urea in the circulation, or not. Analyses of the blood in Bright's disease are of course to be obtained in abundance from the pages of Physiological Chemistry, but they do not serve our present purpose, because unaccompanied by the history of the case. Few practitioners have time to make such elaborate examinations; but fortunately the work of Christison furnishes a case in point and all the data we seek.

I refer to the case numbered 2 (*Op. Cit.*, p. 81). A well marked case of kidney disease—in which he says there was no other organ involved and characterized by fatal coma and convulsions. The blood was carefully analyzed. It showed the usual defect of solids, but *did not*, he says, *contain any urea.* Here was uræmia without urea; the alleged effect without the cause. This case is an *experimentum crucis*, and is conclusive against the urea theory. His 10th case shows the same result, but one such case is sufficient, and I commend it to the notice of Dr. Hammond and those who endorse his declaration when he says (*Am, J. Med. Sci.*, Art Uræmic Intoxication, Jan., 1861, p. 69): "As to the assertion that uræmic intoxication may exist without the accumulation of urea in the blood, I have only to say that there is no evidence whatever to support such a conclusion."

I have now reached, greatly no doubt, to the relief of your patience, the conclusion of my paper, stating in a very imperfect manner, my reasons, derived from the results of physiological experiment and clinical experience, for rejecting the urea theory as a satisfactory explanation of the nervous symptoms occurring in albuminuria. So far from this urinary constituent being:

> "The leprous distilment; whose effect
> Holds such an enmity to the blood of man,
> That, swift as quicksilver, it courses through
> The natural gates and alleys of the body;
> And with a sudden vigor doth posset
> And curd, like eager droppings into milk,
> The thin and wholesome blood;"

we have found it wholly innocuous, and therefore incapable of producing the poisonous effects ascribed to it. Again we found that an accumulation

of urea might exist in the blood, without the production of a single cerebral symptom, and lastly, and most conclusive of all against this theory, we found that cerebro spinal symptoms of the most fatal form might occur in albuminuria without a trace of urea in the blood.

THE TREATMENT OF CLUB-FOOT BRIEFLY CONSIDERED.

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As valuable time is often lost in waiting for infants, afflicted with talipes, to arrive at a suitable age for treatment it becomes an important point to determine the proper time at which this should be undertaken Now it may be accepted as a fact, to which there are few if any exceptions, that club foot is not cured spontaneously, and the longer it is neglected, the more severe and intractable the deformity bec omes. In these congenital cases, there is at birth only a deviation from the normal relations without structural alterations in the tissues. If treatment is delayed structural changes will take place in all the tissues. The inactive muscles will not be developed, and will gradually atrophy and undergo fatty degeneration, whilst the muscles which are contracted with only a normal force, will eventually become incapable of relaxation. Changes will also occur in the ligaments and fascia, and at length even the bones will have assumed new relations. These facts are scarcely less true in the acquired forms of talipes, which in the great majority of cases are of a paralytic nature. At the onset the paralysis of a certain set of muscles is the only pathological condition to be overcome, if however the case is neglected and the patient is allowed to walk upon the deformed foot, structural changes in the sound muscles will be induced, as well as in the various other tissues which occupy abnormal positions or are subject to abnormal pressure.

The proper time therefore at which to begin treatment is in congenital cases, at birth. At no subsequent time will a cure be obtained so easily and with so little discomfort to the child as when the treatment is undertaken at birth. When treatment is begun thus early, a few weeks will sometimes suffice for a cure, and in most instances the deformity will be overcome by the time the child is able to walk. When we are not present at the birth of the child, treatment should be instituted at the earliest practicable moment, both in congenital and in acquired cases. Much may also be done to prevent the development of talipes in those affections which if neglected would lead to deformity, as in the paralysis following diphtheria and other diseases.

The treatment of club-foot may be conveniently divided into physiological, mechanical, and operative measures, and it is by a judicious combination of these, that the best results are obtained.

The physiological treatment consists in the employment of certain measures which promote the health of the individual and tend to restore the deformed limbs to their normal position by developing the wasted and paralyzed muscles. Under this head are embraced, manipulations, frictions, local and general gymnastics, the application of electricity and dry heat, and the use of drugs. We will take up the least important of these therapeutical agents first, the use of drugs. In this class of cases as in all others we must see that the general health of the patient suffers no detriment. The various secretory and excretory functions must be regulated. When the patient is emaciated and cachectic he must be treated upon general principles, cod liver oil, iron, tonics, specific remedies when necessary, and good food and air, with

sufficient exercise; but the local treatment is of vastly greater importance. Strychnia occupies the first place in the list of drugs, it may be used with advantage in most if not all cases of paralytic nature. 1-50 to 1-20 gr. may be given three times a day until some twitching of the muscles is induced, when the dose must be decreased or damage may be done by causing overfatigue of the muscles. Sometimes it seems to enhance the effect of the strychnia to inject it hypodermically into the affected muscles.

Dry heat is a valuable agent in promoting development of wasted muscles. Its efficacy depends upon the fact, that heat increases the circulation of blood in the part to which it is applied, and an increased blood supply means increased nutrition of the part supplied.

Hot baths are also useful in developing paralyzed muscles, and should be applied to the limbs until they are ruddy. It acts by drawing an increased supply of blood to the parts. The foregoing physiological remedies are only applicable to those deformities which are of a paralytic nature. Massage, frictions and shampooing of the wasted muscles act very much in the same way; by determining a greater supply of blood to the parts they increase the nutrition of the muscles. As this agent may be applied to as large or as small a number of muscles as we desire, it is applicable to all cases of talipes. It should not be carried to the fatigue of the muscles.

Manipulation is perhaps the most important of all the physiological means at our disposal. It embraces, in addition to massage and frictions, passive movements of the joints, stretching of tissues with the hand, etc. The frequent manipulation of the deformed limb, not only adds to its development, but the constant effort at the reduction of the deformity gradually stretches the abnormally contracted tissues with but little pain. Passive motion renders the joints supple, prevents anchylosis, promotes the secretion of synovia, and restores the integrity of those articulations whose mobility is impaired. The importance of thoroughly manipulating the feet and limbs of those affected with club-foot can scarcely be overestimated, it should be performed daily and several times a day if possible. Our manipulations should never be violent or irregular, but should be gentle, and gradual; only that amount of force should be used as is necessary to give free motion to the joints, without causing irritation or inflammation.

Amongst all our physiological agents, none is of more value than electricity. All cases of club-foot may be benefitted by the application of electricity, and some cases are only susceptible of cure by its aid; for in all cases of talipes there is either absolute paralysis of certain muscles, or a wasted and atrophied condition from long disease, and in either case electricity may be used with benefit. Of the two varieties of electricity, the galvanic is the most powerful, and will cause contractions in muscles which fail to respond to the faradic current, hence a case should never be abandoned as hopeless until a fair trial has been made of galvanism. The faradic current will answer very well for ordinary cases, where the muscles respond freely to its influence. An alternation in the currents is also of benefit. Some caution is necessary in the use of this agent, it should not be applied too long, or the feeble contractility of the muscles may be entirely abolished, the same is true in regard to applying it too strong. The foot should be retained in its natural position during the application of electricity, in order to relax the sound muscles. Having briefly considered the most important of the physiological agents, mechanical appliances will next engage our attention.

Until the present century mechanical appliances were relied upon exclu-

sively for the treatment of deformities and even now they are indispensible. Various substances are used in the mechanical treatment of club-foot, and various apparatuses have been devised, some of these are of a complicated nature, others simple in principle and easy of application. In general terms it may be said the simpler the apparatus, the better will the result be. It should be light, not obstructing the free circulation of the blood, nor pressing unduly upon any part. It should if possible allow all the natural motions of the parts. The force exerted should be gradual and steady, and should be changed, as the line of the deformity changes, Amongst the most useful articles in the treatment of club-foot is plaster of Paris. This article when rubbed into thin meshed bandages, and moistened may be applied to the feet and legs as an ordinary bandage, and it soon hardens and forms an unyielding apparatus, which retains the feet in the position in which they are placed. The most suitable substance out of which to make the bandages is crinoline, though any thin muslin will answer. Another way of applying the plaster of Paris, is to mix it with water to the consistence of cream, and spread it upon canton flannel with a spatula. Two thicknesses of canton flannel are required to give the necessary support, these are cut to fit the foot and leg, making a half boot, and applied to the limb and retained in position by an ordinary roller bandage, which may also have plaster smeared upon it. This plan is recommended by Dr. Hutchinson, of Brooklyn, New York. My attention was called to the advantages of the plaster of Paris dressing by my friend Dr. Michael, in 1874, he having become familiar with its application in Vienna. Since then I have used this dressing more or less in all my cases, and have always gotten good results from it. But whilst it has great advantages, it has also marked disadvantages; hence it is applicable to certain portions of the treatment and not to others. Its advantages are that it is a perfect retaining apparatus, holding the part immoveably in every position in which it is placed, permitting neither motion nor a return to the deformed position. It is especially useful early in the treatment; when the deformity is still marked, or as a dressing immediately after tenotomy has been performed. I regard it as the best dressing after the operation, until the tendons and other divided tissues have healed. After the deformity has been overcome and there only remains a weakness or partial paralysis of the muscles of one side, an apparatus which allows motion, and at the same time retains the foot in its natural position, should be worn. The plaster apparatus is therefore not applicable to those cases which are of paralytic origin, which require daily manipulation, friction, passive motions, electricity, etc. Under any circumstances it should be removed at least once a week, and when possible oftener, in order to inspect the condition of the parts, and to make the necessary manipulations. Amongst the disadvantages of this dressing are its weight, the difficulty of removing it sufficiently often, and the danger of excoriations and ulcerations occurring without our knowledge. For infants I have found the silicate of soda solution, painted upon an ordinary roller bandage, to answer a good purpose, it is much lighter than gypsum and, when hardened, it is sufficiently firm for these cases. In this city it may be obtained from the copper works at Canton. Sole leather is also a useful article in the treatment of club foot. It should be cut into the desired shape, and then soaked a few minutes in cold water, when it becomes pliable, and can be moulded into any shape required. When it has dried it should be padded, and secured to the limb by a bandage. Guttapercha may also be used in the same way, but must be soaked in hot water in-

stead of cold. Ahl's felt splint is also a very useful article, it is light, inexpensive, will not become offensive easily, can be easily moulded to fit any limb by dipping it into hot water, and it becomes hard by dipping it into cold water, it is especially useful for treating children. Splints of tin are also useful, having the qualities of easy applicability, lightness, cheapness and durability. They may be bent into any shape required, should then be well padded and secured by a ban dage.

A very useful dressing in the early treatment of talipes is the foot board so highly recommended by Prof Sayre. It is made from the lid of a cigar box or shingle, it should be a little wider than the foot and considerably longer, broader at the toes than at the heel Then take an adhesive strip about the width of the board at the heel, and long enough to cover both surfaces of the board, and afterwards reach above the knee. This strip of plaster is laid with its adhesive surface to the upper surface of the board, commencing at the toes, and passing backwards around the heel part, thence forwards upon under surface of the board to the toes. Now take another piece of plaster one to two feet long, according to the size of the foot, and an inch or two wide, and apply its middle to the heel of the board, the board should now be well padded, and applied to the sole and fastened by the heel straps. A roller should now be applied to secure the adhesive strips, and should there be any tendency to turn in or out, another piece of plaster may be carried up the side of the leg in an opposite direction. The wide anterior plaster is now carried up the front of the leg to the knee, with the foot flexed at right angles, and secured by a roller, and its extra length reversed and brought down over the dressing, which it additionally secures. The toes should be exposed, to show the condition of the circulation. This dressing is much more simple than the complicated Shohmyer's foot-board, or the various modifications of it, found in the shops, and answers as good or better purpose. Personally I prefer the plaster of Paris apparatus at the stage in which this board and plaster dressing is applicable. For orthopedic purposes the ordinary resin plaster is of but little value, and the surgeon who relies upon it will be disappointed in the results of his dressings. A plaster to be serviceable must be stout, strong, adhesive and non irritating—the best is "Maws' moleskin" plaster. It is a strong, adhesive, easily moulded to the limb, does not irritate the skin, and will retain its position almost indefinitely if applied properly. It may be obtained in this city from Willms & Co., Howard Street.

All the foregoing dressings have been especially applicable to the early treatment of talipes, before the correction of the deformity, and after the performance of tenotomy; and to those cases particularly in which the deformity is due to contractions, rather than to paralysis. In these cases which are due to paralysis without structural shortening of the opposing muscles, a fixed and immovable apparatus should never be applied. Every effort should be made to develope the paralyzed muscles by means of electricity, &c., and an apparatus should be worn which can be easily removed in order to permit these measures to be applied. At the same time it should allow natural motion to the various joints, and rest should be secured to the weakened tissues by some elastic or spring force, which will constantly counterbalance the contraction of the sound muscles. This may be secured by means of elastic tension, or by a steel spring. The elastic tension by means of rubber tubing is perhaps the most generally applicable, as well as the cheapest and most available. It acts in a two fold manner. First, by keeping the parts in their natural positions. Secondly,

by allowing free movements of the normal muscles and joints, it prevents their atrophy or anchylosis; at the same time the weakened muscles are relieved from all strain, and are in much better condition to be developed by the various means at our disposal. Elastic tension moderately, but persistently applied is capable of overcoming the contraction of the strongest muscles, unless they have undergone structural changes, which render them incapable of relaxation. In some cases it will answer better than tenotomy, and after tenotomy has been perfomed, and the tissues have healed, it is the very best mechanical aid. When properly applied it may be worn both day and night. Several excellent apparatuses have have been devised for the application of this principle (elastic or spring tension), but the simplest as well as one of the most effective, is that of Mr. Barwell, of London. The object of this dressing is to take the place of the weakened muscl s, and to imitate their natural motions, and thus relieve them from the tension of the sound muscles. The Barwell apparatus is made in the following manner (Sayre's Orthopedic Surgery, p. 84 and 85): Cut from the "moleskin plaster" a fan shaped piece. In this are cut several slips converging towards the apex of the piece, for its better adaptation to the part. The apex is passed through a wire loop, with a ring in the top, and secured by sewing. The plaster is firmly secured to the foot in such a manner that the eye shall be at a point where we wish to imitate the insertion of the muscle, and that it shall draw evenly upon all parts of the foot when the traction is applied. Secure this by other adhesive straps and a well adjusted roller. For an artificial origin of the muscle—cut a strip of tin or zinc, about two-third the length of the tibia, and in width one-fourth the circumference of the limb. About an inch from upper end fasten an eye of wire. The tin is secured upon the limb in the following manner: Cut two strips of plaster long enough to encircle the limb, and in the middle of each make two slips just large enough to admit the tin, then cut a strip of plaster, rather more than twice as long as the tin, and a little wider. Apply this smoothly to the side of the leg, upon which traction is to be made—beginning at the tuberosity of the tibia. Lay the tin upon this, and secure this by passing the two around the limb, then turn the vertical piece of plaster upward upon the tin, making a slit where it passes over the eye, in order that the latter may protrude. The roller should then be continued up the leg to the top of the tin. The plaster is now reversed, and brought down over the bandage, and the whole secured by a few turns of the roller. A few links of fine chain is secured to the eye in the tin. Hooks are now inserted into the ends of pieces of rubber tubing one-fourth inch in diameter, and from two to six inches in length, and are secured by strong ligature, one hook is fastened to the wire loop in the plaster on the foot, and the other to the chain, the various links making the necessary changes in the adjustment. Dr. Sayre has applied this principle to a club-foot shoe, having a ball and socket joint in the sole, and side braces running up the leg. The rubber muscles are fastened to the anterior portion of the shoe, and are hooked to a chain which is attached to the side braces, in this way both elevation of the foot and inversion or eversion may be obtained. This apparatus has many advantages over the Barwell dressing, as it can be readily removed, and does not excoriate the limbs, but it is not applicable to children who cannot walk—from the difficulty of getting a shoe to fit a young child. Prof. A. B. Crosby further simplified this apparatus by using an ordinary stout shoe, with the sole cut across, and the two parts connected by two links of chain.

As varus and valgus are distortions, produced at the medio tarsal articulation, any shoe for their relief should have a joint in the sole opposite this articulation, in order that the necessary inversion or eversion may be applied. This rule does not apply to equinus and calcaneus, which are distortions of the ankle joint. A shoe for their treatment should not have a jointed sole, but should have a joint in the side bars opposite the ankle.

Inelastic extension is highly recommended, as a mechanical principle in the treatment of talipes, by Dr. Shaffer of New York (*Medical Record*, vol. xiv, p. 401), who has invented an apparatus for the purpose.

By operative treatment is almost invariably meant tenotomy, and subcutaneous division of any contracted tissues. Whilst tenotomy is of undoubted value in the treatment of talipes, it is by no means necessary in every case. How then are we to know to what cases it is applicable? Club foot is dependent upon two conditions, paralysis and spastic contraction, or in some cases a combination of these causes. It is evident that a deformity due to paralysis, will not be benefitted by division of the tendons of the opposite side, unless they have also undergone structural shortening, which renders relaxation impossible. Whenever, therefore, the deformity can be easily overcome by manipulation, it is unnecessary to perform tenotomy. When any tissue resists for a considerable time the reduction of the deformity, it will save time to divide it subcutaneously, though some, perhaps many cases might be cured without resorting to this means.

The rule which Prof. Sayre lays down in regard to tenotomy is as follows: "place the part as nearly as possible in the normal position, then make additional pressure upon the contracted part with the end of the finger; if this point pressure causes reflex spasm of the muscles or pain, it must be cut and at the point at which the pressure is made." When this point pressure does not develop reflex spasms, it is not necessary to perform tenotomy, as elastic tension will overcome the deformity. The foreign surgeons advocate the division of all the tendons which are contracted, but the experience of American surgeons is that it is rarely necessary to divide any tissues except the tendo Achillis and the plantar fascia. In simple talipes equinus, division of the tendo Achillis suffices for a cure in most cases. In talipes calcaneus it may be necessary to divide the anterior tibial and long extensor of the toes; but as this affection is generally due to paralysis of the gastrocemius, it is more often necessary to supply an artificial muscle to take the place of those that are paralyzed. In the treatment of varus and valgus due to contraction, it is sometimes necessary to divide the plantar fascia in addition to the tendo Achillis, and in some exceptional cases, the tibialis posticus and the peroneals require subcutaneous section.

The prognosis as to the length of time required for the cure of a given case of talipes should always be guarded. Some exceptional cases may be cured in a few weeks or months, but such favorable results are not the rule, and frequently several years must elapse before the paralyzed muscles will have acquired sufficient strength to resist the tendency of the normal muscles to drag the foot into an abnormal position. Equinus is the simplest and easiest to cure of all these distortions, and after section of the tendo Achillis, the weight of the body in walking effectually overcomes any tendency to retraction of the heel. Uncomplicated calcaneus is also an easily remedied deformity, either by division of the anterior tendons, or in paralytic cases, by elastic tension over the gastrocnemius. Varus and valgus being almost invariably confound dis-

tortions, are not cured so easily as the other deformities, and usually require one or two years to effect a permanent cure.

SOCIETY REPORTS.

MEETING OF THE PENNSYLVANIA AND MARYLAND UNION MEDICAL ASSOCIATION.

BY W. STUMP FORWOOD, M. D.,

of Darlington, Md.

[*For the Maryland Medical Journal.*]

It is a maxim we all have learned in youth, that, "All work and no play makes Jack a dull boy." As we grow older, and as our labors become more burdensome, the full force of the truth of this maxim becomes more and more apparent.

With the view of partially relieving the monotony of "all work," which so peculiarly pertains to the practice of medicine, and affording at least one day of "play" to its weary practitioners, a Medico-social Union Association has been established by our medical brethren of Lancaster and York counties, Pennsylvania, and they have associated with them several of the neighboring counties of Pennsylvania, and Harford and Cecil counties of Maryland. The name by which this Association is now known, and which was finally adopted with the new Constitution at the last meeting is: "THE PENNSYLVANIA AND MARYLAND UNION MEDICAL ASSOCIATION."

All physicians, graduates of respectable colleges, who are in good standing with their County Medical Societies, are eligible for membership. Each attending member is expected to contribute twenty-five cents for the payment of the necessary printing, stationery and postage. And, in order to preserve a perfect independence, each member pays for his own dinner, which never amounts to more than one dollar each, sometimes less.

The two first annual meetings of the Association were held at a picturesque point on the noble Susquehanna, known as McCall's Ferry, located about half way between Port Deposit and Columbia, immediately upon the rail road leading between those towns. The third, and last meeting, that of August 26, 1880, was held at a charming retreat known as *Fell's Hain*, a pleasure ground, as the name denotes, situated about one mile outside of the city of Lancaster, and immediately upon the banks of the beautiful and far-famed *Conestoga*.

The weather at early morn, on the day of the meeting, foreboded a storm; and, in the afternoon a slight rain actually fell. Notwithstanding the appearances of the weather there was a very good attendance at the meeting, there being quite as many ladies as gentlemen present. We should add for the information of those who have not yet attended these meetings, that every physician is expected to take his wife, or sweetheart, or other members of his family. The social enjoyment contemplated at these meetings would be wholly incomplete without the presence of the ladies; hence their claims are especially provided for in the Constitution.

Without having the exact count, we presume there were two hundred persons altogether in attendance upon this meeting.

Omnibuses were provided by the Executive Committee, without cost to the visitors, for conveying the passengers from Lancaster city to Fell's Hain and back. Excursion tickets were issued on the various rail road lines.

We believe that there were nine counties of Pennsylvania represented in this meeting, viz: Lancaster, Chester, Delaware, Berns, York Cumberland, Dauphin, Franklin and Schuylkill. Maryland was represented by Harford and Cecil counties.

The large majority of the Association had assembled by eleven o'clock; and at that hour the male portion of the meeting was called to order by the President, about a large table, with seats around—provided for pic-nic purposes—under the beautiful shade-trees, for the transaction of the ordinary business of the Association. This business consisted in action upon the new Constitution proposed, the registration of the names, the payment of the small fee, and the election of officers, and of an Executive Committee for the ensuing year.

The justly distinguished and much

honored, Dr. John L. Atlee, was the President of this meeting, he having been elected at McCalls last year.

The following officers were unanimously chosen for the management of the next meeting. For President, Dr. J. Price, of West Chester, Pennsylvania; first Vice-President, Dr. W. Stump Forwood, of Harford county, Maryland; second Vice-President, Dr. W. M. Dale, of Cumberland county, Pennsylvania; and Dr. S. J. Rouse, of York, Pennsylvania; who has ably and efficiently filled those offices in the past, was re-elected Secretary and Treasurer.

The brief business meeting being over, it was announced that the ladies were in waiting in the hall above, for the gentlemen to join in the mazy dance. Keffer's cotillion band was present; and soon the enlivening strains were wafted through the halls and grove. Partners were called for, and secured; and grave doctors forgot their years in the pleasures of the present, and,—"On with the dance, let joy be unconfined!"—was the motto that all united in approving.

It was a pleasant sight indeed to view these "grave and reverend seigniors," away from their solemn, tread-mill duties of home, gliding, with light, rejuvenated steps through waltz and quadrille! This relaxation from professional cares might be properly classified as one of the "acts of prolonging life."

Finally, dinner was announced; and all descended to the lower hall, where three long tables, about fifty feet each in length, were placed side by side, so as to accommodate the entire party at the same time. Dr. Atlee, the President, took his position at the head of the center table, called the company to order, before attacking the good things before them, and delivered some highly entertaining and amusing remarks, which prepared all his hearers for the full enjoyment of the bountiful dinner.

Considerable time, perhaps two hours, was spent in discussing the various courses at the table.

As one of the committee assigned for providing the dinner, and one who was exceedingly kind and efficient in his personal attentions to the comfort and wants of the guests at the table, the meeting was largely indebted to the distinguished *Dr. Henry Carpenter*, whose name and fame, in conjunction with that of the senior Dr. John L. Atlee, has for many years past given to Lancaster city an enviable celebrity as a great center of medical and surgical practice.

When the meal was finally completed, the entire company, ladies and gentlemen, retired to the hall above, whence they came, for the purpose of receiving and giving the *Toasts* of the day. These "toasts" form an important feature of the Association, since they are designed to bring out some sentiment in pleasant remembrance of each county represented, only limited in style and vanity by the humor of the speaker.

The President, in announcing the toasts, would himself generally preface the call by a few amusing and complimentary remarks.

Pennsylvania accorded her sister State, Maryland, the honorable precedence, the first toast announced was: "*The Profession of Maryland.*" Dr. Bromwell, of Cecil county, had originally been assigned as respondent, but upon giving notice of unavoidable absence, Dr. W. W. Virdin, of Harford, was appointed to fill the duty. Unfortunately, he, too, was absent; and as no substitute could be found, we had the mortification of having our good old State passed in silence.

The next toast was in honor of "*Harford county, Maryland;*" and Dr. W. Stump Forwood was requested by the President to respond thereto; which he did in a few extemporaneous remarks. He said that the profession of Harford county felt honored in this fraternal association, with so many of the distinguished physicians of Pennsylvania, who were then present; that to meet on co-equal terms with such men, was an honor that any man, of whatever station, might well feel proud of

He stated that, as a fact in the medical history of the United States, Harford county enjoyed a certain pre-eminence above all other counties in the Country; for the reason that Harford was the home, and the center of the professional life of the first physician who ever received a medical degree from an American College. He referred to Dr. John Archer, who was one of the first class of ten graduates of the Philadelphia College, afterward chartered as the University of

Pennsylvania, which held its initial commencement on the twenty-first of June, 1768. By virtue of alphabetical order, which was adopted after some contest among the class, the first diploma was actually placed in the hands of Dr. Archer.

The speaker had had the satisfaction of examining this ancient diploma. Although originally from the State of Delaware, New Castle county, Dr. Archer removed to Harford county immediately after his graduation, and practiced his profession with great success and wide celebriety, not only in Harford, in Baltimore county, and in Cecil county, Maryland, but also in Lancaster and in York counties in Pennsylvania.

His popularity as a man of general intelligence and undoubted integrity, extended beyond his professional limits, and the voters of his district elected him to Congress, by a large majority, at a time when it was an *honor* to be a member of Congress.

He left sons and grandsons in Harford, who have been greatly distinguished in medicine, on the bench and at the bar, and in other walks of life. Still another link has united the profession of Lancaster and Harford: Dr. Robert H. Archer, now deceased, son of Dr. John Archer, first practiced his profession in Lancaster county; and is still remembered there by some of the older residents,—including the President, Dr. Atlee—with respect and affection.

The speaker added with much warmth: "Dr. Robert H. Archer, sir, was one of the noblest men that it was ever my forture to know; and proud I am to be able here to say that he was my *Preceptor*; that it was from him I received my first lessons in the science of medicine."

"Another tie," the speaker added, "connects Harford and Lancaster: I refer to the late Dr. John K. Sappington. He is another of Harford's able sons who spent several years of his early professional career in Lancaster county. He was a remarkable man in many respects, and a man possessed of unusual force of character. Although much my senior, it was my privilege and my pride to enjoy the friendship and confidence of his latter years."

"These two gentlemen, Mr. President, were referred to by you at our last meeting as being among '*Our Sires*,' with whom you were personally acquainted in the past."

The speaker concluded with the sentiment: "Let us hope, sir, that the warm feelings of professional unity now being cemented between Lancaster and Harford, may be perpetuated in the present and in the future, in accordance with the bright example so auspiciously inaugurated by our noble 'Sires'!"

Dr. A. A. Hanna, of Port Deposit, was next called upon for a sentiment in honor of "*Cecil county, Maryland.*" He delivered some very appropriate and creditable remarks in behalf of Cecil; which, at their conclusion, elicited very warm applause from the audience.

The various counties of Pennsylvania, that were represented in the meeting, were next severally toasted; and responses were received from nearly all of them. When we inform our readers that these toasts were dry—not given with wine—it is consequently easy to imagine that some of the responses, though very good for ordinary intellectual repast, were rather "dry" also, for an occasion of this kind.

Some of the numerous—too numerous to mention—Pennsylvania speakers were exceedingly happy in their replies. Conspicuously so was Dr. J. Willis Houston, of Chester county. His remarks regarding Chester, its professional advancement, its fertility of soil, its educational facilities, and so forth, were beautifully expressed; full of poetry and fine sentiment, and delivered in the pure and forcible style of an accomplished elocutionist. The ladies showed special pleasure in Dr. Houston's remarks, and were very free in their expression of it.

Dr. Dale, of Carlisle, answered very handsomely for Cumberland county, much to the satisfaction of the audience, as was manifested by their decided applause.

Dr. J. L. Zeigler, of Mount Joy, spoke at length, and in pleasing terms, in behalf of Lancaster county. He referred to the noble men who had originated the *Lancaster County Medical Society*, nearly all of whom have passed away. He named Dr. D. Hayes Agnew, now Professor of Surgery in the University of Pennsylvania, as one of the early members; the late distinguished Dr. Eberle, and the

more distinguished Dr. Washington L. Atlee, and several others who have passed from life, as having, in their day, added the lustre of their pure and honorable lives to the light of the Lancaster County Medical Society.

In referring to the present period, Dr. Zeigler paid a well-merited compliment to Dr. Alex. Craig, of Columbia, for his high professional standing, and particularly for his labor and his zeal in participating in Medical Societies generally, and especially in social professional re-unions like the present,—"this Association being chiefly indebted to him (Dr. Craig), for its establishment, and its success." Dr. Zeigler's remarks were received with much applause and pleasure.

It was decided to hold the next meeting at Port Deposit, Maryland, on the last Thursday in August, 1881. This point being so accessible by rail from every direction, it is to be hoped that the profession of Baltimore and also of Philadelphia will be represented by large delegations at that meeting.

Every one of the large number present, the ladies, as well as the gentlemen, appeared to have passed a most enjoyable and delightful day.

A single incident may represent a number, and will illustrate the pleasure that appertains to these meetings: One gentleman approached another as he alighted from the coach at the grounds, warmly took him by the hand and said, "Doctor, my old friend, do you know me?" The response, delayed but a moment, was "yes!" And in glad surprise called him by name. Continued the first: "I have not seen you since, as college mates, we graduated together, *twenty-six years ago*! I heard that you were to be here to-day, and I came all the way from my home in Berks county, especially to see you." It was a delightful meeting; and many of the pleasant memories of other days were recalled and talked over. They told of their families, and of their different moves in life, all of which were totally unknown to each other during those twenty-six long years

Think of such re-unions! One such meeting would repay the trouble and loss of time necessary in attendance upon a dozen meetings!

As before stated, this Association has been formed especially for the cultivation of man's social nature; for bringing old friends together, and for the formation of new friendships; and, by this means, afford the heavily-ladened and weary practitioner at least one day of rest, and of real social enjoyment.

REPORT OF THE ALLEGANY COUNTY MEDICAL SOCIETY.

The regular monthly meeting of the Alleghany County Medical Society, was held on August 17, in the Council Chamber of the City Hall of this city, with Vice-President, Dr. Thos. M Healey, in the Chair and O. M. Schindel, Secretary.

Dr. G. E. Porter, presented to the Society a "Mr. Addison," with the following history: Mr. A. is a Scotchman, about 48 years of age, a miner by occupation, has been very deaf for a number of years. About six months ago he was returning from his work walking upon the C. and P. R. R. track, when a train approached him from behind, and as he did not hear it was knocked down and run over, having his left foot badly mangled and mashed by the engine. Dr. Porter was called to see him, and concluded to do what he thought proper under the circumstances, and that was to save part of the foot, as the man was a laboring man The Doctor thought this a good case to do "Chopart's operation," knowing full well what has been said "pro and con," by the different authorities, in regard to this operation and its results. The Doctor followed the line of the operation as laid down by the leading authorities where the operation is undertaken, the flaps having been marked and made in the usual way, dissecting up the integument until you have the long plantar or inferior flap.

The extremity of the plantar flap should be well rounded off before it is stiched to the dorsal or short flap. During the healing, the Doctor keeps the gastrocnemius and other flexor muscles perfectly relaxed, so that there will be no tension upon the tendo Achillis. This is done by turning the foot at right angles with the leg, until the soft parts are healed, which in this case was by first

intention, and without any trouble. Dr. Gross says he has not only performed the operation with perfect results, but has seen it performed in the practice of others with as good results, and thinks the operation a good one. Holmes, of London, thinks the tendo Achillis, will in nearly all cases retract the heel, and the cicatrix become irritable, unless the tendon be divided subcutaneously, which will in most of their cases, relieve the trouble.

All the members of the Society present examined the case, and were unanimous as to the perfect result obtained. The man walks without a cane in his barefeet, and runs with alacrity, etc. He walks two miles every day to his work, which is that of a coal miner. He makes full time, and in all emergencies handles his mutilated foot with as much alacrity as before the injury.

Dr. Porter says his only object in presenting this case to the Society was to help add evidence to those who favor the operation, and show what perfect results can be had (as against, I think it is "Hamilton," who says, he has never seen a living man upon whom this operation has been performed with entirely perfect results).

Dr. Healey reported a case which had come under his notice, more for its novelty, than for any thing science might gain from it. When the Doctor was first called to see the child, the mother showed him about the half of a pin protruding through the *left labia minora*, he thought the child had been playing with a pin in this region, and that it might have pushed it within, but upon trying to remove it he found the head of the pin deeply imbeded within the tissues and it could not be pulled out by an ordinary pair of forceps. Upon further inquiry he found out the child had swollowed a pin about four weeks before, and that this pin had passed through the entire alimentary canal, had lodged just above the sphincter of the rectum, and worked its way out into the position in which it was found. Upon this knowledge the pin was released through the rectum without any further trouble, and the little one released from her suffering.

O. M. SCHINDEL, M. D.
Secretary.

SELECTIONS.

THERAPEUTIC ACTION OF ALKALIES IN GLYCOSURIA.—Dr. J. Cornillon writes in *Le Progres Medical*, that in thirty-two cases of diabetes mellitus treated by the waters of Vichy, twenty-eight were materially improved, two were entirely cured, and two were made worse. In the favorable cases improvement was noticed by the tenth day, in the less favorable ones, not before the thirtieth day. The urine becomes alkaline in a few days, and its color is darker; emaciation is arrested, the appetite improves, wounds heal more readily, opthalmic derangements get better, the patient gains flesh, the quantity of sugar in the urine sinks to very low level. This alkaline treatment must be continued sometimes for a lifetime. Absolute cure is the exception. Nitrogenous diet also forms a part of the treatment, but this alone does not diminish the sugar in proportionate degree.—*Therapeutic Gazette.*

DR. W. E. FOREST. in a contribution to the New York *Medical Record* entitled "The Treatment of Post-Partum Hemorrhage—With Cases," says: "Speaking from my own experience, I should say that the injection of tincture of iodine is the most safe and by far the most efficient method we posses for controlling post-partum hemorrhage." Elsewhere he says: "In summing up the advantages of the iodine treatment of post-partum hemorrhage we may state them briefly as follows:

1st. Iodine controls the hemorrhage, not by coagulating the blood within the uterus, but by exciting the uterus to contract. The blood is expelled in a liquid form, and hence, instead of leaving the uterus filled with a mass of hard, sticky clots, ready to undergo decomposition, the uterus is empty and disinfected.

2d. Tincture of iodine has never, so far as I can learn, caused any bad

result, even when injected into the uterus in full strength. Thus, in Case V, nearly six ounces of iodine were injected (four of them without dilution), and yet no bad effects followed its use.

3d. The iodine treatment never fails to control the hemorrhage."

REVIEWS & BOOK NOTICES.

NOTES FROM CURRENT MEDICAL LITERATURE.

"Peptonized Milk as Food for Infants and Invalids" is the title of a reprint from the July Number of the *American Journal of Obstetrics*, sent to us by the author, Dr. R J. Nunn, of Savannah, Ga.

"The Mechanical Treatment of Cystocele and Procidentia Uteri" is the title of a reprint from the same Journal received from the author, Dr. E. C. Gehrung, of St. Louis, Mo.

Dr. J. Marion Sims sends us a reprint from the *Archives of Medicine*, for June, on "Pregnancy-Vomiting." This pamphlet reviews the different methods employed for the treatment of this condition. Dr. Sims relates several cases of death from pregnancy-vomiting where every known method of treatment had been employed. He advises that abortion should be induced in certain cases.

BOOK NOTICES.

"*Naso-Pharyngeal Catarrh*" By Martin F. Coomes, M. D., Professor of Physiology, Opthalmology and Otology in the Kentucky School of Medicine, etc. Bradley & Gilbert, Publishers, Louisville, Ky., 1880.

This is a volume of 167 printed pages, treating of a subject of interest to the specialist rather than general practitioner.

The author has sought to make the volume a thoroughly practical treatise and to present the subject matter in a style best calculated to instruct his readers. No attempt has been made at display or erudition. Good taste and good common sense are conspicuous throughout the book. The anatomy of nasal cavities is first presented to the reader. Next he is taught how to examine the "Pharynx."

Local and constitutional medicine consume two chapters. Catarrh in its varied forms occupies the remaining chapters.

We commend the book for its thoughtful, straightforward style of presenting facts, and for its clear and accurate teachings.

"*A Practical Treatise on Tumors of the Mammary Gland.* By Saml. W. Gross, A. M. M. D., Philadelphia. D. Appleton & Co., New York, 1880. For sale by Cushing & Bailey, Baltimore.

This work embraces a study of the Histology, Pathology, Diagnosis and Treatment of Mammary Tumors. Its object is to present a systematic and accurate treatise upon their minute structure, pathological considered. With a view of harmonizing structural with clinical observations the author has carefully analyzed sixty-five cases of cysts and nine hundred and two neoplasms, the nature of which has been confirmed by the microscope.

The view sought to be maintained by the author is that carcinoma may be permanently relieved by thorough operations practiced in the early stage of its evolution.

The volume begins with the "Classification and Relative Frequency of Tumors of the Mamma," and a study of "Mammary Neoplasm."

Fibroma, Sarcoma, Myxoma, Adenoma, Carcinoma and Cysts are treated at some length under chapters thus indicated. The Diagnosis and Treatment of Tumors of the Mammary Gland are finally considered. The volume numbers 238 pages illustrated with twenty-nine engravings. It is a very useful contribution to the literature of the subject treated.

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T. A. ASHBY, M. D., EDITOR.

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BALTIMORE, SEPTEMBER 15, 1880.

SPECIAL NOTICE.

Subscriptions to this Journal for the year beginning May 1st, 1880, Volumes VII and VIII, are now due and subscribers are requested to remit the amount to this office during next thirty days.

Any subscriber desiring the Journal discontinued is requested to send a notice to that effect by postal card, otherwise the Journal will be mailed to his address for the coming year.

A large number of sample copies of each issue are mailed to different members of the profession. Any physician receiving a sample copy, and is desirous of trying the Journal for three months can have it mailed to his address for that time by remitting fifty cents.

Correspondence from members of the profession invited.

EDITORIAL.

STATE MEDICAL SOCIETIES.—The *Southern Clinic*, for August, devotes considerable space in editorial comments upon "The Medical Society of Virginia," and undertakes to point out some of the irregularities of this Society, which it designates a "*disgraceful monopoly.*" After referring, at some length, to the present condition of this Society, the *Clinic* suggests certain measures of reform which are very well worthy of consideration, not only by the Medical Society of Virginia, but by similar organizations in other States. The *Clinic* remarks: "The Medical Society of Virginia, to be a success, must be conducted *liberally* and *fairly*, and also must be made *attractive to the profession.*" "To show and practice its liberality:—There should be no permanent officers in this Society, but every officer should be elected annually, and no officer should hold over a second year." "The patronage of the Society should be *fairly dispensed.* The Transactions of the Society should be put out *to the lowest bidder*"

Reference is next made to a *retrenchment* of the expenses of the Society. According to the *Clinic's* statement, economy could be very judiciously exercised, and several hundred dollars saved annually to the Society. The suggestions made by the *Clinic* are very feasible, and their adoption would doubtless lead to the greater efficiency of this organization.

It is not our purpose to confine our remarks to the Medical Society of Virginia, but to refer in general terms to the causes which lead to inefficiency in State Medical Societies in general. An active, efficient and harmonious State Medical Society is the exception, rather than the rule. Like the political machinery of their respective States, they are open to corrupt and inefficient management, and too frequently degenerate into mere political rings, run in the interest of a few active and ruling spirits.

A State Medical Society should be a delegated body. It should bear the same relation to the profession in the State that the American Medical Association bears to the profession at large One is simply a higher tribunal than the other, the one having jurisdiction over national interests, the other over local or State matters. This, however, is not the usual form of organization adopted by State Medical Societies. They are not strictly speaking delegated bodies, but elective memberships controlled by a machinery organization, with the usual greed for preferments upon the part of a few who control the ring. Delegates, it is true, are admitted, but they have as little say in the management, or as little show of preferment as an out-sider. The State Society becomes a fixed organization, and from year to year meets, transacts its purposes, elects its officers, issues its volume of transactions, and assumes to control the sentiments and to reflect the opinions of the entire profession in the State. To the outside world this appearance is real, but it may be seriously asked: Do these State Medical Societies, as a class, accomplish the purposes they are presumed to have in view? Do they reflect the opinions of the profession at large in their respective States? We dare think they do not.

An examination of the many volumes of transactions, which come to this office will afford sufficient proof that the membership of many of the State Medical Societies bears but a small ratio in numbers to the profession at large. As an illustration, the membership of the Medical and Chirurgical Faculty of Maryland (the State Medical Society) is 208. As opposed to this there are over 1500 physicians engaged in practice in the State. The State of Virginia has nearly 2500 physicians within her borders, yet the Medical Society of Virginia numbers less than 300 members. The same ratio will be found to exist in North Carolina, Ohio, Pennsylvania, New York and other States.

It thus appears that these State organizations do not embrace in numbers anything like a respectable proportion of the profession, and hence do not reflect the opinions of the entire profession. As opposed to this depreciation in numbers it may, however, be safely affirmed that the State Medical Society embraces a majority of the more active and progressive members of the profession in its State.

Now the causes which induce so small a membership in the State Medical Societies are various, and are not so easy of correction as might be supposed. First.—A large number fail to become members of their State Medical Society from lack of interest, from a want of appreciation of the value of such an organization to the profession. Again the membership fee is a terror to a few who calculate its value to them in dollars and cents. A third cause may be found in the inconvenienee of attending the annual conventions. Lastly, the management of such organizations is a sufficient justification to that large number of *men*, who rather than wield a useful influence, prefer to exercise none at all, and to keep away from such organizations altogether. These desertions consequently reduce the membership of the State Medical Societies within certain limits, and expose the organizations to the deliberate charge of ring, monopoly, machine and such other epithets. Of course a Medical Society will become a ring or monopoly if good men desert it, if left to party management.

To redeem such organizations from such positions of dishonor and discredit, the profession at large should exercise its influence. Not a few, but every medical practitioner in the State should be a member of his State Medical Society. He should make an earnest attempt to attend its meetings, and if not present, should be represented by proxy. The local medical societies should be represented by properly chosen delegates. The value of these organizations to the profession can properly be compared to the annual re-unions, which men in other persuits in life esteem of rare and imposing consequence to their peculiar tenets. The clergy have their assemblies, convocations, synods and camp-meetings, Politicians have their re-unions and conventions. Merchants, manufacturers, farmers and the branches of trade take counsel at stated intervals with reference to their individual and combined interests.

It is eminently wise and proper that medical men should embrace every opportunity presented by which they can come together, and as a body discuss questions of scientific interest, enact useful laws for the better protection of medical interests against dangerous systems of legislation, quackery and the various innovations which are daily gaining strength to the disadvantage of medical science.

BATTEY'S OPERATION.—At the recent meeting of the American Gynecological Society, held in Cincinnati, September 1st and 3rd inclusive, Dr. Robt. Battey read a paper entitled, "What is the Proper Field for Battey's Operation." It will be remembered that this operation was announced to the profession by Dr. Robt. Battey, of Rome, Georgia, in 1872. The operation was received doubtingly, and, for several years, the field for its employment was greatly restricted. Within the past year or two the operation has grown into great favor, and its practice is now confined by no means to a small class of cases. The growing popularity of this method of removing morbid manifestations in the female presents a problem very well worthy of careful consideration. No operation in the wide domain of surgery is so exposed to abuses or to injudicious practice

as normal ovariotomy or spaying. In this Country the operation has advanced slowly, and thus far its employment is confined to a limited class of patients. In Germany it has grown rapidly into favor; whilst in England it has made a great stride, having been performed by one surgeon, Mr. Lawson Tait, twenty-eight times in eleven months. The increasing popularity of the operation has called forth this very discreet and timely paper from Dr. Battey. In this paper the field for the application of this operation is pointed out by its author. The position is taken that the operation should never be one of election, that it is applicable only to certain classes of cases; cases, in the first place, incurable by any other means; in the second place cases menacing life, and, in the third place, they must be cases from which we may reasonably expect to relieve the patients of the direful consequences of their disease by a change of life.

Dr. Battey remarks: "He must ask himself, if she had her change of life next week, would she probably get well? If she would, I propose to substitute for the natural change of life an artificial one, and secure the same result artificially that nature accomplishes in the change of life. It has been my habit in all my cases to ask myself three questions: Is it a mortal case? Is it incurable by other known resources of the art? Is it curable by a change of life? If all these questions be properly answered, then the operation is a proper one. I foresaw at the outset that the conditions which must necessarily call for this operation cover a large part of the whole field of gynecological practice. They must be very variable under different circumstances."

The first class of cases in which the operation is advised is where there is an absence of the uterus with more or less irregular ovulation, and a violent nervousness of the system. In these cases remarks the author: "There is no means of supplying a uterus to give rise to the monthly supply of blood, and the only resource is to go to the other end of the case and extirpate the ovaries which are simply surplusage in the system."

The second class of cases is where there is a complete occlusion of the whole metro-vaginal canal attended with violent, nervous or vascular perturbations.

A third class referred to are cases of menstrual mania or ovarian mania where reason becomes dethroned by reason of violent perturbations attendant upon this stoppage of the menstruation.

A fourth class of cases is where ovarian epilepsy is found. In another class there is a pernicious amenorrhœa that is utterly destroying the life of the patient. Interstitial fibroid tumors not amenable to any of the ordinary resources of art is another justification for operating in certain cases.

Dr. Battey closes by calling attention to a class of cases in which no one as yet has proposed this operation. In cases of contracted pelvis where abdominal section is required, he thinks it rational and proper to ligate and remove the ovaries. This procedure secures the patient from the possibility of a future necessity for the same operation.

Dr. Battey very adroitly points out the abuses which are likely to result from the too frequent employment of this operation, and by thus defining the classes of cases in which it is admissible suggests a timely warning against a growing overzeal in its favor.

Spaying is an operation attended with comparatively slight risk to life. Its results offer great hope to a large number of women who suffer from ovarian disorders attended with nervous manifestations of the most distressing character. Many a female would gladly accept a menopause thus induced, rather than forego the delay of a functional subsidence.

Unscrupulous men may find in this operation a lucrative field for practice. It is open to great abuse, and its application should be guarded with great prudence by the profession.

METHOD OF MASKING THE ODOR OF IODOFORM.—Dr. Linderman, of Munster has found that the balsam of Peru completely marks the smell of iodoform. He mixes two parts of the balsam with one part of iodoform and recommends vaselin as being the best medium for an unguent; it may also be used in aqueous solution.

MISCELLANY.

Personals.—Dr. Sigmund, the well known professor of syphilis in the University of Vienna, is 70 years of age, and will retire upon a pension. . . Prof. Graham Bell, of Boston, has received the Volta Prize of 56,000 francs, from the French Government, for his invention of the articulating electro-magnetic telephone. . . Dr. J. W. Compton has recently assumed the editorial management of the *Indiana Medical Reporter*. . . Dean Buchanan of "Bogus Diploma Fame," after his artful attempt to deceive the authorities of Philadelphia, by jumping overboard, next turned up in Detroit under the assumed name of "Dr. Fairchild." He is now a prisoner in Philadelphia. His presence being detected, he fled to Canada, where he proposed running a diploma mill. . . Prof. Ferdinand Van Hebra, the distinguished dermatologist, died in Vienna, on August 5, aged 64. . .

Dr. C. T. Jackson, of Boston, so well known as a scientist and chemist, died recently at Somerville. He will be remembered by many as one of the claimants of the discovery and application of ether as an anæsthetic . . . M. Trelat, professor of Pathology of the Faculty of Paris, has been transferred to the Chair of Clinical Surgery, vacant by the death of Professor Broca . .

At the recent meeting of the American Gynecological Society, Drs. W. T. Howard and H. P. C. Wilson, of this city contributed papers, the former on "Three Fatal Cases of Rupture of the Uterus, with Laparotomy," the latter on a "Case of Ovariotomy Complicated with Pregnancy."

Dr. R. J. Dunglison, Treasurer of the American Medical Association, announces that a few copies of Vol. xxx, (1879) are still on hand. Any one desiring a copy can obtain one by forwarding $5.36 to Dr. Dunglison. The volume will soon be out of print. Dr. Dunglinson's address is P. O. Box 2380, Philadelphia.

Chian Turpentine in Cancer of the Cervix Uteri.—Dr. J. R. Wheat reports in the *Virginia Medical Monthly*, for Sept., a case of epithelioma of the cervix uteri treated with Chian Turpentine in which marked improvement followed upon the administration of this drug.

The following formula was used:

℞. Chian Turpentine, grs. LX,
Flowers of Sulphur, grs. XL.

To be made into 20 pills, to be taken every four hours, night and day.

Mr. Alfred Swaine Taylor, the well known author of "Taylor's Jurisprudence," is dead. He was born in 1806. He was the first Professor of Medical Jurisprudence in Guy's Hospital.

Mortality of New Born Children.—The present minimum rate of mortality of children under one year old is estimated to be one in ten. The rate in France is two in ten. The chief cause of this excessive mortality is artificial alimentation. As an illustration of this fact, the following figures are of interest: Among children of the easier classes brought up at home the rate of mortality falls as low as 7 or 8 per 100. Among children intrusted to hired nurses it varies from 24 to as much as 90 per 100. Among children nursed by their mother, the mortality is about 8¼ per 100, and among those brought up by nurses, 18 per 100 at home, and 22 per 100 when away from home. Among those fed from the bottle, the average is about 51 per hundred

These facts attest the superiority of maternal nursing over artificial feeding or even hired wet-nurses.

Vomiting Caused by a Displaced Uterus.—Dr. Graily Hewitt related a case, at a recent meeting of the Clinical Society of London, of a young lady, æt 20, who suffered from sick stomach and vomiting during a period of ten months, induced by a displacement of the uterus. The uterus was restored and the patient recovered.

New Books Received.—Wood's Library Series. A Treatise of Common Forms of Functional Nervous Diseases. By L. Putzel, M. D., New York. Wm. Wood & Co., 1880.

The Brain as an Organ of Mind. By H. Carlton Bastian, M. A. M. D., F. R. S. D. Appleton & Co., New York, 1880.

American Health Primers. The Skin in Health and Disease. By L. D. Bulkley. Presley Blakiston, 1880.

The Practitioners Reference Book. By R. J. Dunglison, M. D., Lindsay & Blakiston, Philadelphia, 1880.

The Microscopist By J. H. Wythe, M. D. Lindsay & Blakiston, Philadelphia, 1880.

Hewitt on Diseases of Women. Third Edition. Lindsay & Blakiston, Philadelphia, 1880

Index Catalogue of the Library of the Surgeon Generals' Office, U. S. Army, Vol. 1. From Dr. J. S. Billings. Government Printing Office, Washington, D. C., 1880.

Opening Exercises College Physicians and Surgeons, Baltimore.—The regular Winter course of Lectures in this School will commence on Friday, October 1st, 1880. Dr. Richard Gundry, Lecturer on Insanity, will deliver the introductory address at 8 P. M., September 30th, in the College Building, corner of Calvert and Saratoga Streets.

We regret to learn of the death of Dr. Frank H. Davis, of Chicago, which occurred on the 22d of August. Dr. Davis was a son of Prof N. S. Davis.

A Positive Sign of Early Pregnancy.—Dr. J. H. Caritens in the *Detroit Lancet*, for September, calls attention to the color of the mucous membrane of the vagina and cervix uteri as a positive sign of pregnancy during the first three months.

He says: "This I have always found of a purplish blue or rather deep violet hue in pregnant women, and I have depended on this peculiar color in making a diagnosis of pregnancy in the first, second and third month. I can say it has never failed and it is not produced by any pathological condition; the different colors produced by uterine disease cannot be mistaken for this pathognomonic violet hue."

Opening Exercises at University of Maryland.—Prof. I. Edmondson Atkinson, of this city, will deliver a preliminary course of three lectures upon "Medicinal Eruptions" at the School of Medicine, University of Maryland, Corner of Lombard and Green Sts., on Monday, Tuesday and Wednesday, September 27th, 28th and 29th, at 12 o'clock. Members of the profession are cordially invited to be present.

The regular course of lectures will begin on Friday, October 1st.

Higher Medical Education.—A special committee, in a report on medical matters to the Supreme Lodge, Knights of Honor, say that among the certificates of death "we found a death recorded as caused by 'organic duoyenum of the heart,' a peculiar form of cardiac disease of which your committee have no knowledge; one caused by 'dysphagia, on account of closing glottis,' and we are left to conjecture whether or no it was done voluntarily, by due process of law, or a dispensation of Providence; another was caused by 'congestion of the brain *and* falling from a building;' the primary cause of death we are unable to determine; another, in a little more than three months after initiation, died of the following onslaught of maladies: "inflammation of neck of the bladder, acute bronchitis, pleuro-pneumonia, inflammation of the left ear, nephritic trouble and functional cerebral.' 'Trouble enough to kill an entire Lodge."—*Kings Co., Medical Society.*

MARYLAND MEDICAL JOURNAL,

PUBLISHED ON 1st AND 15th OF EACH MONTH.

THOMAS A. ASHBY, M. D., Editor.

WHOLE NO. 47. BALTIMORE, OCTOBER 1, 1880. VOL. VII, NO. 11.

ORIGINAL COMMUNICATIONS.

ORIGINAL PAPERS.

A CONTRIBUTION TO THE RELATIVE VALUE OF THE DIFFERENT OPERATIONS FOR DELIVERY IN NARROW PELVES; WITH THE HISTORY OF EIGHTEEN CASES.

BY AUG. F. ERICH, M. D.,

Professor of Diseases of Women, College of Physicians and Surgeons, Baltimore; Surgeon in charge of the Maryland Woman's Hospital, etc., etc.

Obstetricians are still divided in opinion as to the indications for the different operations devised to facilitate delivery of the child in cases of narrow pelvis. Authorities of the highest standing in the profession are found upon both sides of the questions that are at present under such active discussion, and arguments of the most conflicting character are advanced by men of equally large experience. Under circumstances such as these, the truth cannot be reached by any method of *a priori* reasoning; nothing short of a careful sifting of our bedside experiences will enable us to arrive at definite conclusions.

The following eighteen cases bearing upon the points in dispute are offered as a basis for the arguments I propose to advance in favor of the views that appear to me to be true. Only one of these cases, (Case XII) occurred in my own practice; the other seventeen had been attended by midwives, or other practitioners and I was not called until a late stage of the labor; usually some time after the attendants had despaired of delivering the child.

The cases extend over a period of nine years, from 1871 to 1879, and are here given in their regular sequence:

CASE I. Mrs. J. McG, native of Ireland, married, aged 42, multipara; was taken in labor on July 15th, 1871, Drs. C. Edward Miller and R. W. Mansfield in attendance. Labor had progressed slowly until the head was firmly impacted in the cavity of the pelvis. Size of head out of proportion to the dimensions of the pelvic canal. Ergot had been used. Forceps were given a fair trial by all the attendants, but without success; version was not attempted. After eighteen hours, perforation was performed under chloroform. The entire roof of the skull had to be removed before delivery could be accomplished. Perfect recovery of mother.

The subsequent history of this patient could not be traced.

Case 2. Mrs. L. W., native of Ireland, aged 38, 1 para, married. In labor August 4th, 1871, attended by a midwife and Drs. Hamilton, J. R. Andre and C. M. Morfit. Head impacted in the cavity of the pelvis. Ergot had been used. Forceps tried fairly by all the attendants and by writer, but without success. Sixty-one hours after beginning of labor, the head was perforated with the trephine, and a large portion of the bones of the cranium removed before the fœtus could be delivered.

A vesico vaginal fistula resulted from sloughing of a portion of the anterior vaginal wall.

The patient has had one abortion, but has not been confined at full term since the operation.

Case 3. Mrs. I. A., mulatto, aged 30, married, 2 para. Was taken in labor May 4th, 1873, Dr. R. W. Mansfield in attendance. Previous labor normal. After being in labor twelve hours, the head was impacted in the cavity of the pelvis on account of disproprotion between size of head and canal. Ergot had been used without result. Forceps fairly tried by Dr. Mansfield and the writer. Version was not attempted. Under chloroform, the head was perforated with the trephine. The entire roof of the skull had to be removed in order to deliver.

A transverse rupture of the posterior wall of the vagina was produced during the efforts at delivery with the forceps. Perfect recovery without fistula resulted. The patient has since been delivered of a living child, after a normal labor.

Case 4. Mrs. C. H., white, American, aged 20, married, 1 para, in labor April 28, 1874, attended by Dr. James F. McShane. Ergot was not used during the labor. Head impacted in the cavity of the pelvis on account of disproportion of size of head to the pelvic cavity. Forceps applied and delivery attempted by Dr. McShane and the writer but without success. The case was unsuitable for version, the head being too low down in the cavity and the waters having long since drained off. Delivery of the head entire being manifestly impossible and the woman becoming rapidly exhausted, perforation with the trephine was resorted to and the child soon delivered. No anæsthetic was used. Perfect recovery of the mother without fistula or other injury. This patient has since borne three living children, the last one being delivered by forceps.

Case 5. Mrs. G. F., white, American, aged 24, married, 1 para, in labor May 17, 1874, attended by Dr. R. W. Mansfield. Duration of labor, twelve hours. Disproportion of head to pelvis, head impacted in cavity. Ergot used. After a fair trial of the forceps by both the attendant and the writer, craniotomy was done under chloroform. Evacuation of the brain reduced the size of the head sufficiently to permit delivery of the child. Version was not attempted.

The mother recovered perfectly and has since been delivered of a living child.

Case 6. Mrs C. B., German, married, aged 28, 4 para, in labor October 8, 1874, attended by a midwife. Ergot had been used by the midwife before writer was sent for. Antero-posterior contraction of the pelvis. Head arrested at the superior strait. High forceps operation tried without result. The forceps were difficult to apply, but were fairly tried without slipping. The patient's first labor was normal, her second difficult; in the third she was delivered by version.

In the present instance version was not attempted on account of dryness of the passages and exhaustion of the patient. The head was perforated with the trephine, and delivery rapidly completed. No anæsthetic was used. The mother soon recovered completely from the effects of the operation.

In a subsequent labor a child was

delivered by the high forceps operation by another operator, from the effects of which she died.

Case 7. Mrs. H., German, married, aged 40, multipara, previous labors generally difficult. In labor October 25, 1874, attended by a midwife. Ergot had been used by the midwife during the labor. Disproportion in size between the head and cavity of the pelvis. Head impacted in the pelvic cavity. Forceps fairly tried but without success. Version was not attempted, the case being unsuitable for this operation. Labor had lasted twenty-four hours, the vagina was hot and dry, and the strength of patient becoming rapidly exhausted. Perforation with the trephine was re sorted to without anæsthesia and delivery easily accomplished. Recovery rapid and complete, without any intercurrent accidents.

This patient has had no labor since.

Case 8. Mrs. E. S., German, aged 21, married, 1 para, in labor with twins, March 20th, 1875, attended by a midwife. Ergot used by the midwife during the labor. Uniformly contracted pelvis; head of presenting child impacted in the cavity. Forceps fairly tried without success. Version would have been difficult, or impossible without great danger to the mother, and hence was not attempted. The head of the first child was perforated with the trephine and the fœtus delivered. The second child was turned and delivered dead. The children were both males. No anæsthetic was used. Rapid recovery of mother without fistula or other bad accidents. This patient has been delivered of two living children, one male and one female, in normal labors since.

Case 9. Mrs. R. C., native of Ireland, aged 37, married. Was taken in her eleventh labor June 24, 1875, attended by Drs. M. J. Gately and John A. Conner. Her first labor was normal, child female; her second premature, male. In her third labor she was delivered of a boy, living; in her fourth of a girl, living, by version; in her fifth of a girl, normal; sixth, seventh, eighth and ninth, boys, and tenth, a girl, all living and all normal labors. In her present confinement she was delivered of a dead female child easily, and another child discovered to be following, the head presenting. Twelve hours after the delivery of the first child, the head being impacted in the cavity of the pelvis, and the strength of the patient becoming rapidly exhausted, the head was perforated and the fœtus rapidly extracted. The forceps had been fairly tried, without success, by all the attendants. Version was not attempted.

No anæsthetic was used. The patient recovered without fistula or other bad results, and eighteen months after the operation had another female child in normal labor.

Case 10. Mrs. M. D., German, married, aged 45. In labor for the eleventh time, July 24, 1875, attended by a midwife. Her first labor was premature, a female child at seven and a half months being born, which lived three weeks. Her second to sixth children were girls; seventh, a boy; eighth, a girl, ninth and tenth, boy and girl (twins); all normal labors. Her eleventh child was a girl delivered alive by version, but died a few minutes after birth.

In her present labor ergot had been administered by the midwife. Disproportion between size of head and cavity of the pelvis, head impacted in the cavity. The labor having lasted twenty hours, with no prospect of terminating normally, and the forceps having been fairly tried without success, craniotomy was thought to offer the best chance for the mother's life, the case not being considered a suitable one for version. The head was perforated with the trephine, and a large male child delivered without much further difficulty. No anæsthetic was used.

The patient rapidly recovered with-

out fistula or other accidents. She has had no labor since.

Case 11. Mrs. S. S., German, aged 20, 1 para, married, in labor Nov 13, 1875, attended by a midwife. Ergot used by the attendant before the writer was called. Considerable antero-posterior contraction of the pelvis. The head was arrested at the superior strait. The forceps were applied, and traction made until all hopes of delivery in this manner had been rendered futile. Version was not attempted, on account of the extent of the contraction and the dryness of the passages, the membranes having been ruptured six hours previously. The head was perforated by the trephine without anæsthesia. A large portion of the skull was removed before delivery could be accomplished No fistula or other untoward results followed the operation and the patient made a rapid recovery.

Two years later this woman again became pregnant and was again delivered by craniotomy. (See below, case 14.)

Case 12. Mrs. C. S., American, married, aged 23, 1 para, in labor August 15, 1876, attended by the writer. Ergot was not used previous to delivery. Head was very large and became impacted in the pelvic cavity. After a fair trial with the forceps without advancing the head, perforation by the trephine was resorted to, under chloroform, sixteen hours after the beginning of the labor. The patient rapidly recovered without fistula or other untoward results. The case was a more than usually interesting one from the fact that labor was delayed, to all appearances, two months beyond the full term of pregnancy.

The patient was of small and delicate build. Being her first pregnancy every step of it was carefully watched by her family. When she had been pregnant nine months, according to the reckoning of the family, labor pains set in and the writer was sent for. Upon arrival at the house, the os was found undilated, and the pains gradually diminishing in intensity. Patience was counseled, and it was decided to leave the case to nature. Fully two months elapsed before her confinement finally took place. The patient herself, her female relatives and her husband were positive in their assertions that she had been pregnant for eleven months. The size and appearance of the child were certainly calculated to support this view. It was as large as an infant two months old. The hair was unusually thick and long, and the nails were so long as to project considerably beyond the ends of the fingers. I was very reluctant at first to admit an eleven months pregnancy, but these evidences and the fact that I have since delivered the patient of a full-sized living child without version or the aid of instruments strengthen the presumption that the former difficult labor was not due to any defect in the pelvic passages of the mother, but to the great size and unyielding hardness of the child's head. The possibility of eleven month's pregnancies is now generally admitted, and I believe the case just related to have been one.

As stated above, the patient has since had a normal labor at full term, in which she was delivered of a living child.

Case 13. Mrs. J. R., German, aged 29, married, 4 para, in labor October 29, 1876, attended by Dr. John A. Conner. In her first labor, the child was delivered by embryotomy, the operation being done by another practitioner. A vesico-vaginal fistula resulted from the operation. She was confined a second time at eight months, child still-born. In her third labor, a dead child was delivered with the forceps, the skull being crushed in. In the present labor the head was arrested at the superior strait, there being a decided antero posterior contraction of the pelvis. Delivery by the high forceps operation was at-

tempted by Dr. Conner and the writer, but without success. Version was not attempted. Ergot had been used to increase uterine contractions, but with no apparent good result. After labor had lasted thirty-six hours, and there being no prospect of natural delivery, the head was perforated with the trephine. The whole arch of the skull had to be removed before the fœtus could be delivered. A rapid recovery took place.

This patient was delivered fourteen months later of a six months child, still-born. The labor in this instance was not difficult.

Case 14. Mrs. S. S., (see above case 11), was again taken in labor, October 21, 1877, and attended by Dr. Pierre G. Dausch. As in her previous labor, the head was arrested at the superior strait. The forceps were thoroughly tried by both the attendant and the writer, but without success. Perforation was finally resorted to and a large portion of the skull removed before the child could be delivered. No anæsthetic was used. Ergot was not used before the operation. The patient made a rapid and perfect recovery.

After her first labor this patient was advised to have the induction of labor performed at the seventh month as furnishing the best chance for a living child with least risk to the mother. The advice was however declined, with the result given. In 1879 she again became pregnant. In this labor she was under the care of another practitioner who first attempted to deliver with the forceps, and then by version, but without success. He was finally compelled to resort to craniotomy. The child, according to the statement of eye-witnesses, was removed piece meal. The mother died on the day of the operation.

Case 15. Miss A., colored, aged 20, unmarried, 1 para, in labor July 4th, 1878, attended by Drs. B. F. Leonard and Albert Lyman. Ergot not used previous to delivery. Deformed pelvis; head arrested at the superior strait. High forceps operation fairly tried, by all the attendants. Version was not attempted. After labor had lasted about twelve hours without apparent progress of the head, craniotomy was resorted to under chloroform. After perforation and breaking up of the brain, the head could be compressed sufficiently to permit delivery without removal of any of the bones of the skull. The patient made a rapid recovery without fistula or other accidents. She has since married, but has not borne any children.

Case 16. Mrs. J. S., German, married, aged 22 years, 1 para, in labor April 8th, 1879, attended by a midwife. Ergot administered by midwife during the labor. Head arrested at the superior strait, contraction in the conjugate diameter of the pelvis. High forceps operation fairly tried by the writer without success. After labor had lasted about ten hours, the head was perforated with the trephine and delivery accomplished without removal of the cranial bones. No anæsthetic was used. Version was not attempted. After delivery she had an attack of parametritis from which she perfectly recovered. I have since delivered her of a living child by the high forceps operation, preceded by the use of Barnes' dilators and Braun's Kolpeurynter. From this operation she has also entirely recovered, and is now in excellent health.

Case 17. Mrs. C. H., German, married, aged 22 years, 1 para, in labor June 25, 1879, attended by a midwife. Ergot administered by the midwife during the labor. Slight antero-posterior contraction of the pelvis, head arrested at the superior strait. After labor had continued over three days the writer was sent for to operate. The high forceps operation was first fairly tried, but without success. On account of the lingering labor, and the dryness of the pelvic passages of the mother, version was not attempted. Eighty hours after the commencement

of the labor, the head was perforated with the trephine, and a portion of the cranium removed, before delivery could be accomplished. The child was a male The operation was done under chloroform.

The patient made a perfect recovery, without any fistulæ or other accidents which might have been anticipated from the delay in rendering her proper assistance. She has since been deliverhd of a female child in normal labor at full term.

Case 18 Mrs. J. W., German, aged 27, married, 1 para, in labor November 2, 1879, attended by a midwife. Ergot had been administered by the midwife during the labor. Disproportion of size of head to cavity of the pelvis. Head impacted in the cavity. Forceps fairly tried without success. Labor having lasted nearly twenty four hours and the waters long since drained off, version was not attempted. Perforation with the trephine and consequent compression of the head resulted in rapid delivery. No anæsthetic was used.

Her first labor was a difficult one, and was terminated by the delivery of a still-born child with the forceps.

The patient rapidly recovered, without fistula or other bad results.

[*To be Continued.*]

Iodine in Malarial Fever.—Fordyce Grinnell, M. D., says that while he was occupying the position of Government physician at the Wichita Indian Agency, he treated 135 cases of intermittent fever with ten drop doses of tincture of iodine in a third of a glass of sweetened water, three times a day, with the most beneficial results. He says: "The remedy seemed to act almost as by magic; in many instances the paroxysms were not repeated after the medicine was given.—*Southern Practitioner.*

THE PRACTICAL UTILITY OF VIVISECTION.

BY HORATIO R. BIGELOW, M. D., WASHINGTON, D. C.

Dr. Leffingwell's article upon Vivisection, published in *Scribner's Monthly*, has attracted attention both in this country and in Europe among professional gentlemen and laymen alike. Just at present the extreme school of humanitarians, of which class the laity are in the majority, will seize upon this toothsome pabulum with misdirected avidity, as exponential of the medical opinion of the times; for the article in question seems to convey the impression of the inutility of physiological experimentation unless restricted by State Legislation. This published expression of the views of an educated physician is fraught with a double significance—and the responsibility is more serious since the daily pre-occupation of business in the routine of a non-professional man, will prevent an exhaustive research into the absolute *facts* governing the premises of such a discussion, and he will accept as axiomatic, the emanations of one whose business it is to be thoroughly cognizant of all the details—even though such emanations are unproven theorems. The title of Dr. Leffingwell's article is not in accord with the subject matter of the article itself, and it had been more consonant with his deductions had he stated one with the question, "Does *Painful* Vivisection Pay?" As it is, we are left very much in the dark as to what belief the Doctor really does cherish, and can only know certainly that he would restrain "painful experimentation" within certain limits to be defined by Legislation. The paths that lead to truth are rarely straight and well paved—oftener are they winding, stony and painful to those who journey towards the light whose source we may feel, but may never know—yet the recognition of that truth, when

felt, is common to all men. That each investigator will vary his interrogations of nature, according as his individual bias shall lead him, will never prejudice the honest seeker of truth, even though the fruit of such investigation be merely negative. In the contemplation of a question of such large importance to the medical profession directly and to the non professional world indirectly, an ultimate solution must rest upon fact, not upon *fancy*—upon results, however, isolated they may be, rather than upon opinions. It is manifest, that a large mass of people would lose sight of the crowning glories of physiological achievement in the persistent study of the cruelty which Dr. Leffingwell paints, and would thus aid and abet a measure so freighted with restriction as to render experimentation a dead letter. I shall take up the points made by the Doctor, seriatim, as I understand them, and as he has since the publication of his article in *Scribner's* given them in the *New York Medical Record.*

1. The highest scientific and medical opinion is against the repetition of painful experiments for class teaching.

I fail to see any harmonious relationship between this position and the question "does vivisection pay." It merely deplores the repetition of "*painful* vivisections for class purposes," and has nothing whatever to do with the broad question of the value of vivisection. But for the argument let it be granted that the premise is a pertinent one, the fact remains, that the repetition of the experiment is not only of more value to a student in the permanence of the impression made, than is the blind acceptance of quoted opinions in books, but such repeated experimentation conducted by men of broad and enlightened views, has frequently developed fatal errors in the teachings of our professional ancestry, arrived at in similar vivisections, and which would be accepted as truths had not they been demonstrated as erroneous. Not only so, but the repetition of the experiment opens up with each occasion, fresh evidences of thought, that leads on to discoveries of closest relationship. The ambitious student once impressed with the sacredness of his trust, will elaborate such experiment and from his investigation deduce new theories of life.—Our physiologists are men of large humanity, and the number of painful experiments made in the class-rooms of our medical colleges are very small, and are *never* made, except for the purpose of engrafting in the most permanent way, some important truth, in the mind of the student. Some experiments must be painful, necessarily so, since the employment of an anæsthetic would disguise the fact which we are desirous of proving. The results of such painful vivisection may be negative, their value may never be appreciated by the present generation or they may be useless, but ultimately they will be found to be the only possible means by which we can arrive at a scientific therapeusis—but more of this anon.

2. "Habitual familiarity with the infliction of pain upon animals has a decided tendency to engender a sort of careless indiference regarding suffering."

Were this assertion a tenable one, by similarity of reasoning, hospitals must need discharge their nurses as useless encumbrances, literature and art would be revolutionized, and our surgeons would be viewed as terrible fellows, whose glory was in the contemplation of the agony of an unanæsthetized amputation—opinions unsubstantiated by evidence, which ought to be brought into court, will not weigh against a host of witnesses both of the past and present, whose lives attest the fallacy of the statement. The constant daily association with suffering, enlivens and quickens the tenderest sensibilities of our nature, and awakens a great sympathy for the sufferer—our physiologists and sur-

geons are of common mould with other people, and I have yet to learn, that experimentation has shut up the avenues of their hearts to the sufferings of their patients or to the cries of their children. The most sympathetic physician is he who has witnessed suffering at home or abroad, and she is the best nurse, whose constant indwelling at the bed-side, has lent to her a "pity almost Divine." If Dr. Leffingwell's premise were true, we should have no "Society for the Prevention of Cruelty to Animals," and its present officials would be a savage race of beings. No one questions the humanity of Mr. Bergh, and probably no one has ever saddled him with the crime of being hard hearted, however greatly they may have abused him in other ways. Painters, as a class are by reason of their calling, thorough students of human nature, yet we have no instance in art gallery or museum, either past or present, wherein is delineated the want of feeling that comes of witnessing pain, on the contrary the highest genius has been exhausted in the vain endeavor to make the painted lips speak out from the canvas the grief that trembles in them, and the bosom throb into life the anguish that cuts it beneath the Cross of Savior or Martyr. No, the student will witness an experiment over and over again, and while a laudable zeal shall incite him to ambitious endeavor, he is never unmindful of the suffering that is incident to the attainment of his purpose. It were a strange antithesis of our nature should the ministering to suffering humanity not call out in us the best feelings of mind and heart. Now it may be objected that the cases are not similar. On the one hand we are the cause of pain in a healthy animal, and on the other we strive to relieve the pain that we witness. But sympathy is a faculty incapable of sub-division, and the suffering occasioned for the attainment of a great purpose, which may sooner or later result in benefit to thousands upon thousands of beings, calls out the same measure of sympathy, as does the operation performed for the relief of a single individual. The suffering is felt by the physiologists, but he rises above it to see beyond the gain that shall come of it.

3. Dr. Leffingwell urges that within the last twenty-five years physiological experimentation has done nothing to advance therapeutics. This it seems to me is the weakest part of the whole argument. Even were it a fact, and I hold that it is not so proven to be, yet the question is not what has been accomplished by experimentation with reference to therapeutics during twenty-five years, but can any ultimate good come of it? Physiological therapeutics is yet in infancy, and while it has not as yet accomplished all of its possibilities, yet to it we are indebted for a knowledge of the antagonistic action of many drugs, and for the absolute action of others. To it, as has been stated by the Editor of the *Medical Record*, we are indebted for strychnine and chloral, and it has served to differentiate between their actions upon the nervous system, of atropia, strychnia and physostigma. Without experimentation we should not have the investigations of Fraser [Transactions of the Royal Society of Edinburgh, Vol. xxvi] into the antagonism of physostigma (calabar bean) and atropia, of Gutler and Labée, of Bourneville, of Bartholow, of Köhler, of Herman, of Sulbotin, of Westermann and of Lehender. To it we owe much of all that we know of alcohol. The use of digitalis has been greatly extended and defined by the experiments of Fothergill. Shall Physiological Therapeutics make as rapid advance in the next ten years, as it has done in its first thirty it will be immutably fixed upon a firm foundation. Empiricism in medicine is on the move and all of our absolute knowledge of drugs is the outcome of experiment. That it has revolutionized modern practice, we

have only to look at modern text books of Materia Medica and compare them with those of twenty years ago. So much then for its sub-divisions, the main question remains what is the practical utility of vivisection? or "does vivisection pay?" All that we know, or practically so, of localized cerebral function, of muscular action, of the action of various sensory and motor nerves, or the digestive process, and of electro-motor matters, has been gained solely and exclusively through physiological experimentation. If through vivisection a Galen discovered that the arteries contained blood, a Harvey discovered its circulation, and Aselli the lacteals, may we not expect that science shall go on and not back, that physiology shall advance in equal degree with her sister sciences? More than this, may it not be affirmed, that such advance is being made in our own time. Shall we pass over such names as Virchow, Cohnheim, Nothnagle, Kühne, Ferrier, Brown Sèquard, Bernard and a host of others, ignoring their discoveries? Much that we know of the collateral circulation in certain surgical operations is due to direct experiment upon the living animal. In the hands of its authorized professors, all of whom are gentlemen known far and near for their intellectual attainments and discernment, vivisection needs no especial legislation The enactment of any restrictive laws would embarrass original research, and bespeak a wanton ignorance of what has been done in this field, by those who should force it upon physiologists. It is impossible to suppose that such masters as Dalton and Flint, trained in the art of education would inflict a needles pain upon any animal. All experiments, with a very few exceptions are made without pain, and I hold it to be justifiable to inflict suffering in certain rare instances if the end shall justify the means.

DIPHTHERIA.

BY I. J. M GOSS, A. M., M. D., MARIETTA, GEORGIA.

This is a contagious, and sometimes epidemic disease, doubtless originating from a specific morbid material entering into the blood, giving rise to the characteristic exudation upon the fauces and the mucous coat of the mouth, and sometimes extending to the air-passages. Although this is a blood disease, yet there are local symptoms manifested, which are distinctive and characteristic. The constitutional disturbances are not to be regarded as the mere effects of the physical manifestations about the throat, but the systemic depression must be looked after, as well as the local morbid condition of the throat and fauces.

Symptoms.—This disease may be divided into two or three types, especially, the simple and malignant. In the simple variety, which is the most common now, the symptoms are at first so mild, in many cases, as to attract but little attention. The patient complains of some difficulty in swallowing, with slight pain in the throat, hot skin, pains in the limbs, back and head. And this variety is readily cured with a mild antiseptic course of treatment, locally and internally given. And this fact leads a good many young physicians into error upon the treatment of the malignant variety, which requires our best antiseptic treatment to combat it. Malignant diphtheria is ushered in with high fever, rigors, vomiting, purging, great prostration and restlessness. Anxiety, and a great tendency to decomposition of tissue, point to an overwhelming blood poison. The fever at first is high, but very soon assumes rather a typhoid grade; the throat is very sore, and the mucous membrane is of a bright red color; the tonsils are much swollen, and here and there small patches of exudation of a gray or dirty whitish color, which are small at

first, but gradually enlarge, until one patch merges into another, forming a complete covering of the fauces and root of the tongue. In this condition the patient's breathing is quite difficult, and he swallows with great pain As soon as the false membrane is detached and ejected, there is seen an ulcerated condition of all the parts upon which this exudation was seen. From these ulcers there exudes a very offensive discharge of a bloody consistence. The glands of the neck are enlarged, sometimes the ears ache, and the neck becomes stiff. If not checked, this form is very apt to extend into the nose, windpipe, and sometimes into the bronchi.

As the disease progresses, the patient gradually passes into a stupor, and the obstruction to respiration becomes greater and greater, until the case terminates fatally, unless it should be met by proper remedies. It terminates fatally by suffocation, the exudation finally filling up the air-tubes; or the patient may sink from exhaustion *Fatal symptoms.* The increased fœtor of the breath, a quick, feeble or very slow pulse, constant vomiting and delirium, bleeding from the nose, extension of the disease to the lining membrane of nose, suppressed or albuminous urine, with an increase of temperature, all denote the approach of death.

Diagnosis.—Diphtheria may be distinguished from croup by the exudate, and by its leaving an ulcerated surface when detached, which is never the case in membranous croup. And it may be distinguished from scarlet fever by the same peculiarities, for many cases of diphtheria have peculiar eruption upon the skin. The first epidemic I ever witnessed, which was about 1860 or 1861, was attended generally by a peculiar eruption, resembling that of scarlet fever. And this epidemic was of the gravest type, and often proved fatal.

Causes.—Whatever may render the air sufficiently impure will produce this disease. Imperfect drainage, putrid manure deposits, uncleanly slaughter houses, or anywhere animal substances are in a state of rapid decomposition. It mostly occurs in an epidemic form, but a solitary case may serve as a focus for spreading the disease, especially in an impure air. Prof. Hallier, of Jena, has discovered a peculiar fungi upon diphthitic membranes, which soon root deeper and deeper into the mucous membranes, compress their minute vessels, and finally cause mortification of its structure. It is quite reasonable then, that badly ventilated localities, where large masses of decomposing organic matter are allowed to accumulate will give rise to this disease. In damp, dirty, mouldy dwellings this fungi (which is the *diplosporium fuscum*) is readily generated. Wherever the spores of the fungi find a congenial soil, there they grow rapidly. Some writers contend that this peculiar form of inflammation gives rise to this fungi, but I have often seen the exudate before the inflammation, and also, simultaneous with it, it cannot be the product of the inflammation, but is one of the factors of the inflammation, and the subsequent destructive mortification of the parts.

Treatment.—Holding the above views of the cause of diphtheria, I have, for several years, treated it quite differently from most of the profession. It is apparent that there is a very great septic tendency in the grave form of this disease, and the remedies that proved successful with me in the mild form failed to meet the malignant form. I cured the mild form with quinine and the chlorate of potash and the chlorate of iron, but utterly failed in the graver form with such remedies. But, in several epidemics, I have been successful with more powerful antiseptics, such a the Baptisia Tinctoria, Cyanuret of Mercury, (*in very small doses*) internally, and Bichromate of Potash. If the disease attacks the mucous membrane of nose,

the Bichromate of Potash is a good remedy, and may be used internally and by the spray apparatus. I find Baptisia, in doses of 8 or 10 drops, every two hours, to reach the poison in the most of cases. If there is a very great tendency to decomposition, the Iodide of Arsenic is a valuable remedy; it must be given in very small doses, at the same time, use a wash of Permanganate of Potash, 5 grs to the ℥ of water, or swab with a saturated solution. In some cases a gargle of the diluted Tincture of Eucaliptus has proved valuable with me. I use 1 part of the tincture to 1 part water, alternated with the solution of Permanganate of Potash as above given. Where the disease is very malignant, and extends over the mouth, fauces, pharynx, nares, and larynx, and the exudation is of a grayish color, and the breath very fœted, and the submaxillary and parotid glands engorged, and the voice extinguished, then the Cyanuret of Mercury, in doses of $\frac{1}{50}$ of a grain, three times a day, is the remedy. And next to the Cyanuret of Mercury, in those very malignant cases, is the Yellow Iodide of Mercury, in small doses, while the throat is kept dusted with sulphur or swabed with sulphurous acid; or if the disease extend into the nasal cavities, larynx, and pharynx, then the acid may be diluted and used with the spray apparatus, twice or thrice a day.

Another good application to the local disease, is the liquor calc. chlor. of proper strength, used with the atomizer, but the internal treatment must never be neglected. This, as I before stated, is a blood disease, with a local manifestation upon the respiratory organs, and proper antiseptic remedies must always accompany any local treatment that may be required to arrest the destructive decomposition of the throat and palate.

"OUR ALMA MATER IN 1807."

*(A Paper read at a Special Meeting of the Alumni Association of the University of Maryland, held in the Chemical Hall, May 1st, 1880.)**

BY EUGENE F. CORDELL, M. D., RECORDING SECRETARY.

The beginnings of human enterprises often bear no sort of proportion to their subsequent magnitude and importance. We may look around us in vain, to find any embodiment of wisdom, all armed and grown up, springing from some human Jupiter's brain, and being forthwith admitted into the assembly of the terrestrial gods.

History admonishes us repeatedly, to despise nothing, no matter how mean and humble it may seem at first, which men may combine to establish and perpetuate. Examples of great results springing from small causes are too numerous in every department of human activity, to render it necessary to quote them to a cultivated audience such as this. Even in cases of failure, such attempts have their interest and instructiveness; but when crowned with success and honor, the fountain from which they spring has a deep, a sacred interest, and everything connected with its source and development, even to the minutest trifles, becomes invested with a supernatural importance.

We have met, to-day, Fellow Alumni, beneath the shelter of this great University, whom we feel proud to call our Alma Mater, and who welcomes us again to her well-known halls and well-remembered benches, to cement and perpetuate the ties which bind us to each other and to her. We realize with satisfaction the eminence she has attained, the difficulties she has surmounted, the lustre which the genius and talents of her faculties and alumni have thrown around her, and we look forward with hope to her future.

But I come not to portray the greatness of her present, or to presage the unimagined glory of her future, but glancing backward over the three

*The material, here hastily thrown together for a special occasion, was collected for, and will be embodied in, the "*Historical Sketch of the School of Medicine, of the University of Maryland*," to be published in the course of a few months.

quarters of a century that intervene between us and her birth, to sketch briefly the circumstances connected with that humble, but in the light of to-day, not insignificant event.

As early as 1789, we learn that there were gentlemen studying anatomy and surgery in Baltimore, and that they procured the body of one Cassidy, a recently executed criminal, for the purpose of dissection. So great, however, was the public opposition to this practice, at that time, that the populace, discovering their intention, took the body from them. In the previous year, there had been a riot in Philadelphia on the same account, the second that had occurred there since Shippen began his anatomical lectures in 1762.

In the same year, in which the public opposition to dissection was so strongly shown in Baltimore, Dr. George Buchanan delivered a course of lectures here on Obstetrics. The next year (1790) we find a combined effort at medical teaching, courses of lectures being delivered by Dr. Andrew Wiesenthal, on Anatomy; by Dr. George Brown, on the Theory and Practice of Physic; by Dr. Lyde Goodwin, on the Theory and Practice of Surgery, and by Dr. Samuel Coale, on Chemistry and Materia Medica.* The names of Drs. John Beale Davidge and Nathaniel Potter, destined to hold so conspicuous a place in connection with the future University, whose guests we are to-day, first appear in the lists of Baltimore physicians, in 1799. The former was a native of Annapolis, where his parents resided; he graduated at the University of Glasgow in 1794, practised for a short time in Birmingham, England, and Frederick City, Maryland, removing from the latter place to Baltimore in 1796. He was a man of fine classical attainments, a highly accomplished anatomist, a polished and eloquent lecturer. He may justly be regarded as the *father* of this institution, for to him belongs the credit of first conceiving the idea of founding it, and he bore the chief burden of its creation and development. He held his chair up to the time of his death, which occurred in 1829, at the age of 60 years. Dr. Potter (also a native of Maryland) came from Philadelphia, where his father practiced medicine, to Baltimore in 1797. He graduated at the University of Pennsylvania the previous year. He was an able physician of the old school, and an ardent follower of Dr. Rush, the great light of that period. He held the chair of practice until his death at the age of 73 in 1844.

Dr. Potter tells us in a pamphlet, published in 1838, entitled "Some Account of the Rise and Progress of the University of Maryland," to be seen by the curious in the Maryland Historical Library, that the establishment of a School of Medicine in Baltimore was discussed by himself and Dr. Davidge, from the earliest period of their professional intercourse, but they were unable to find any others, who were "willing to embark in an untried experiment, so inauspicious and problematical." In 1800, according to Scharf's Chronicles of of Baltimore,—Dr. Davidge began a course of lectures to a small class, which was continued annually, although there were never over a dozen students, until merged in the regular collegiate course, in 1807.

Dr. James Cocke, who belonged to a distinguished Virginia family, a gentlemen of great force of character, a very able surgeon, and a skillful financier, received his degree at the University of Pennsylvania in 1804, and having spent some time abroad, where he seems especially to have profited by the instruction of Sir Astley Cooper, at Guy's Hospital, settled in Baltimore in the fall of the same year, at once assuming a prominent and influential position in the profession and community. In the *Baltimore American* of February 10th, 1807, is a notice of the association in practice of Doctors Davidge and Cocke, a connection which continued harmoniously, notwithstanding they were rivals in the same field, up to the time of the death of Prof. Cocke in October, 1813, on the very day and hour, strange to tell, that he was to have dedicated this building

*The difficulties, however, encountered, and especially the attitude of the public mind with reference to the practical study of Anatomy, of which so summary and convincing a proof had been afforded, prevented this effort from developing into a permanent medical school, and it does not seem to have survived longer than one season.

by an introductory lecture, possibly, in this very hall.

In the *American* of March 2nd. 1807, occurs the first notice of Dr. Shaw, (of Annapolis), who offers his services to the public at 204 Market Street. In the *Federal Gazette* of October 14th, 1807, we find the following announcement: "Medical Lectures.—A course of Lectures on Anatomy and Surgery, with a few discourses on the elements of midwifery, will be given this season by Dr. J. B. Davidge, and a course on Chymistry by Dr. J. Shaw. The course on Anatomy will be rendered more full and complete, by a series of prelections on the functions of some of the most important organs of the body by Dr. J. Cocke. The above lectures will commence on the first Monday in November next." On November 1st, 1807, in the same paper appears a notice that Dr. Shaw's Lectures on Chemistry would commence at his house in Chatham Street, on Tuesday, the 24th of November, at 7 o'clock, P. M., and would be continued at the same hour, every Tuesday and Friday throughout the winter. "Tickets of admission, for the season, to be had of Dr. Shaw, at the Dispensary in Conewago Street, between the hours of 12 and 1, or at his house between 6 and 7 o'clock." In this connection, the following, taken from the *Baltimore Medical and Physical Recorder*, vol. 1, April, 1809, will have a mournful interest:

"*Obituary.*—Died January 10th, on his passage to the West Indies, Dr. John Shaw, Professor of Chymistry, in the College of Medicine of Maryland." In the pamphlet before alluded to, Dr. Potter says of him, that he was one of the ablest and most devoted chemists, that ever filled a chair, and that he lost his life in consequence of his labors in connection with his professorial duties.

In the *Gazette* of December 3rd, 1807, we find a notice, in the advertising columns, of a full meeting of the Medical Faculty of the City at Dr. Davidge's, at which, it was unanimously resolved, in consequence of the late interruption of lectures on Anatomy and Surgery, and the very generous and handsome present of a lot of ground in the precincts, to apply to the Legislature for a charter for a Medical College and to appoint a number of gentlemen to wait on the inhabitants, and procure funds to erect a building, etc. This is signed,—"By order of the Meeting,—D. S. C.," (evidently Davidge, Shaw and Cocke).

The interruption of lectures to which allusion is here made, refers to the destruction of the Anatomical Theatre. Dr. Potter alludes to this event as follows: "He, (Dr. Davidge) had erected a small Anatomical Theatre, at his own expense and on his own ground." (Scharf says this was located at the S. E. Corner of Saratoga and Liberty Streets.) "It was discovered by the populace that he had introduced a subject for dissection; the assemblage of a few boys before the door was soon accumulated into a thickly embodied mob, which demolished the house and put a period to all further proceedings, for that season. Such were the vulgar prejudices," he adds, "against dissections, that little sympathy was felt for the Doctor's loss."

In the proceedings of the Maryland Legislature for December 7th, 1807, we find the "Medical College Bill," under discussion; an amendment was proposed to the charter, uniting the School with St. Mary's (R. C.) College or Seminary, (now located between Paca Street and Pennsylvania Avenue,) Finally, however, the Bill passes in its original form.

This Bill is a document of exceeding interest in itself and as forming the original charter upon which the University rests, demands careful consideration. Here, however, I can only glance at a few of its main provisions, referring the curious to the Laws of Maryland, passed at that Session and to be found at the Law Library.

It is entitled, "An Act for Founding a Medical College in the City or Precincts of Baltimore, for the Instruction of Students in the Different Branches of Medicine."

It places the government of the College in the hands of a Board of Regents, composed of the Board of Medical Examiners of the State, and the President and Professors of the College; the Regents have the power to appoint the professors and lecturers, regard being had solely to the moral character and the qualifications for the position; there is to be one term annually, to commence on the first Monday in November, and continue not less than

four nor more than six months; power is given the College to hold property, exclusively of the lots and buildings, occupied by the institution, to the amount of $30,000 yearly value, but it is especially provided, that any bequests or donations beyond this amount shall be null and of no effect; public commencements are to be held, at which students are to be admitted to the office and profession of surgeon, or to the degree of bachelor or doctor of medicine; authority is given to issue diplomas and certificates after private examinations and public examinations before the Regents and other persons choosing to attend them; to obtain the degree of M. D., candidates are required to attend two terms of lectures, and to write and cause to be printed a thesis in Latin or English, and to publicly defend the same on the day of the commencement; honorary degrees are permitted, the conditions being—for that of M. D., twenty years of practice within the State, and for that of M. B., ten years practice; licentiates of the State Board of Medical Examiners, who shall have practised five years in the State, shall have the right to demand and receive a surgeon's certificate from the College; the Medical and Chirurgical Faculty of the State are to be the visitors and patrons of the College, and their President its Chancellor; the Medical Faculty of the College are required to render to the Medical and Chirurgical Faculty, at each of the biennial meetings of the latter, a report of the progress of learning in the said College; the charter is declared to be perpetual and non-forfeitable; finally the following are named as the Faculty of the new College:

Dr. Davidge and Dr. Cocke, Adjunct (*i e.* Joint), Professors of Anatomy and Surgery; Dr. Shaw, Professor of Chemistry; Dr. Bond, Professor of Materia Medica; Dr. Donaldson, Professor of Institutes of Medicine; Dr. Brown, Professor of Practice of Physic.

In the *Federal Gazette*, of December 21st, 1807, there is a notice that the act establishing the College has passed the Legislature, and in consequence, the first meeting of the Board of Regents is called, to take place at Dr. Davidge's, at 12 o'clock, December 28th, 1807.

The minutes of this meeting, which was held according to appointment, are published in the same paper of December 30th, 1807, and as it was the very first meeting in which the new institution showed signs of life, I shall transcribe the notice in full: "At a meeting of the Regents of the College of Medicine of Maryland, held pursuant to an Act of the General Assembly for Founding a Medical College in the City or Precincts of Baltimore, passed December 18th, 1807, George Brown, M. D." (the grand father of the present Judge Brown) "was unanimously elected President, Solomon Birckhead, M. D., was unanimously elected Treasurer and James Cocke, M. D., Secretary. After these elections were made, the Board entered into the following resolution:

Resolved, That the appointments by the General Assembly of George Brown, M D., to the Professorship of the Practice and Theory of Medicine; of John B. Davidge, M. D., and of James Cocke, M. D., to the Joint Professorship of Anatomy, Surgery and Physiology; of John Shaw, M. D., to the Professorship of Chemistry; of Thomas E. Bond, M.D.," (father of the present Judge Bond) "to the Professorship of Materia Medica; and of Wm. Donaldson, M. D., to the Professorship of the Institutes of Medicine, be and are hereby confirmed.

Dr. Brown having resigned, Nathaniel Potter, M. D., was elected to the Professorship of the Practice and Theory of Medicine.

The Board of Regents being adjourned, John B. Davidge, M. D, was elected Dean by the Medical Faculty of the College of Medicine of Maryland.

JAMES COCKE, M. D., *Secretary.*

The Professors of Anatomy and Chemistry have commenced their lectures."

Thus within only four days of the new year, we see the humble parent of our present school spring to life, amid circumstances certainly far from auspicious, for the class numbered but 7 students and for want of better accommodations, the lectures had to be given in the houses of the Professors.

The Medical College was the third collegiate institution established, in Baltimore the two others being St.Mary's Seminary, already alluded to, and the Baltimore College. There were at that time three hospitals in existence, the Almshouse,

the City and Marine Hospitals. We are also informed that "the public library contained no inconsiderable collection of books upon medical science." The same authority speaks of "the zeal of the professors," and "the favor with which their undertaking has been received by the citizens of Baltimore," and adds "that the class was far more numerous than could have been expected from the short notice of their intentions." During this first session, the lectures were confined to Anatomy and Chemistry, the Professors of the other chairs not commencing theirs until the following fall.

The infant College struggled successfully through its earlier difficulties, and with a zealous and harmonious Faculty, prosperitysoon dawned upon it,to increase with each returning season, until in a few years the property owned by the Faculty was estimated at $100.000, and in the number of its students and the reputation of its teachers, it was equaled only by the University of Pennsylvania; students flocked hither from all parts of the Union, and,—once more to use the language of Prof. Potter,—it became in course of time an institution that was easier envied than rivalled.

SOCIETY REPORTS.

ANNUAL MEETING OF THE AMERICAN GYNECOLOGICAL SOCIETY.

The Fifth Annual Meeting of the American Gynecological Society was held at Cincinnati on the 1st, 2nd and 3rd of September. The meeting was called to order by the President, Dr. J. Marion Sims, who only a few days previous arrived in this Country from Europe. Less than half the members of the Society were present.

The president introduced Dr. Thad. A. Reamy, of Cincinnati, who delivered an appropriate and handsome address, welcoming the Society to the hospitalities of the city, and referring to the growth and prosperity of the Society, which "was founded for the promotion of all that relates to the diseases of women and obstetrics."

The first subject announced for discussion was, "What is the Proper Field for Battey's Operation," which was introduced by Dr. Robt. Battey, of Rome, Georgia, the originator and advocate of the operation. Dr. Battey pointed out the indications for the employment of this operation. In the course of his remarks he said. "There are some things connected with its application from which all the instincts of a manly nature recoil with the utmost repugnance. It was my expectation that when the profession would concede me ground, although I felt absolutely sure it would win a certain restricted ground, it would be conceded to me grudgingly. I took the position from the start that this never would be an operation of election. It is not a question whether you shall submit a female to an extirpation of the ovaries or undertake some other operation. A question of election between this and any other resource of gynecology can never arise. Nothing could have induced me to go into the community I live in to extirpate the ovaries of a female, to hasten the change of life, except a most solemn sense of duty. I think to-day that no physician ought to sit down quietly and calmly, and select this operation in preference to any other expedient that offers itself. The case ought to be narrowed down to this expedient or none at all. I stand upon that ground exactly to-day where I did in 1872. It is never desirable; but when necessary it becomes a stern duty from which a surgeon, having upon his hands the life and happiness of a human being, and in whose case he can only select between this expedient and worse, and far more direful consequences, can not shrink."

Dr. Battey next pointed out the classes of cases in which this operation is admissible, brief reference ot which was made in the last number of the MARYLAND MEDICAL JOURNAL, page 237. This subject was discussed by Drs Byford, Wood, Sims, Wilson, Dunlap and Barker.

The next paper on the programme was entitled "Two Cases of Anterior Displacement of the Ovary, Simulating Internal Inquinal Hernia, Battey's Operation," which was read by Dr. G. J. Englemann, of St. Louis, Missouri. The first case related was that of a single woman, aged 24 years, emaciated, haggard look, impaired digestion and mel-

ancholia. She fell from a second story window a few years ago. The next sickness after the fall she was confined to her bed and observed a swelling in her left side, which was very tender and confined her to her bed at every menstrual period. The left ovary could be distinctly felt, was sensitive and slightly enlarged. Dr. Englemann attempted to replace the organ, but each time failed. After successive trials to relieve the patient by other means he removed the organ by Battey's operation. The patient recovered without a bad symptom. The second case was a woman forty-six years old, whose trouble dated back twenty-six years, and who had suffered with nervous symptoms and melancholia of a distressing character. In this case the ovaries were not removed, as her menopause was nearly complete

The next paper read was by Dr. H. P. C. Wilson, of Baltimore, on a "Case of Ovariotomy Complicated with Pregnancy." This patient was four months advanced in pregnancy at the time ovariotomy was performed. Subsequently she was delivered of a living child. The results of the operation were perfect in this case. Dr. Wilson recommended the radical instead of the palliative treatment under such circumstances. He reported twenty-nine cases of ovariotomy of which twenty-four got well and five died. Twenty children were born and five died. Out of the five women who died probably three would have been saved under the present method of treatment. Statistics seem to show that ovariotomy previous to six months is more successful to the mother and vastly more to the child than is the palliative, and Dr. Wilson advises that where pregnancy occurs with a tumor so large that there is doubt as to whether the delivery can safely occur, it would be in the interest of both mother and child to produce ovariotomy previous to the sixth month.

Dr. Wilson's paper was discussed at length by the members and invited guests. Dr. Dunlap had seen in his practice three cases in which ovarian tumor was complicated with pregnancy. In two of his cases there was an abortion produced before the operation was performed and in both the patients recovered. In the third case ovariotomy was performed and the patient died. He favored the induction of abortion based upon his own experience. Dr. Sims had seen but two cases of pregnancy complicated with ovarian tumor. Dr. Chadwick had seen several cases of small ovarian tumor and one large one where the patient was safely delivered without interference with the tumor. Dr. Sims was of the opinion that such tumors should not be removed if not larger than twice the size of the fœtal head, but if much larger they should be removed. Dr. Byford advocated the plan of tapping the tumor now and then, and postponing the operation until after delivery.

The next paper was read by Dr. A. R. Jackson, of Chicago, on "Uterine Massage as a Means of Treating Certain Forms of Enlargement." Massage may be performed in three ways. First, externally upon the abdomen alone, second, by combined manipulation by the vagina and abdomen, and lastly by the rectum and abdomen with slowly increasing force, always commencing with manipulation of the abdominal walls. Dr. Jackson regards massage as a more efficient remedy in this condition than any other.

Dr. R. S. Sutton, of Pittsburgh, Pa., read a paper entitled "A Case of Cataleptic Convulsions Cured by Trachelorrhaphy." The history of this case in full presented many points of interest. Convulsions were produced by the introduction of the finger or of a probe within the vagina and touching the lacerated cervix. After the operation she recovered and never had another convulsion.

The next paper was on "Extirpation of an Encephaloid Kidney," by Dr. W. H. Byford, of Chicago. The patient was 39 years old and had borne six children, youngest 18 months old Up to the birth of last child she had been healthy. She began to suffer with headaches, and hystero-epileptic attacks. Abdomen was greatly enlarged. Her urine contained no albumen or pus. By pressure the tumor could easily be discovered. The tumor was removed and weighed four and one-half pounds. It was found to be the left kidney degenerated into an encephaloid mass.

The patient was discharged from

treatment in about six weeks after the operation in good spirits. This case is one of remarkable interest.

Dr. Henry F. Campbell, of Augusta, Ga., read the next paper on "The Value of Quinine in Gynetic and Obstetric Practice." In this paper Dr. Campbell took the ground that the liberal use of quinine in malarial regions as absolutely essential to prevent abortion and was sustained in this opinion by most of the debaters who took part in the discussion.

Following this paper was one from Dr. Parvin, of Indianapolis, Indiana, on "Secondary Puerperal Hemorrhage." This paper was discussed by Drs. Campbell, Wilson, Barker and Englemann. Dr J. Marion Sims, the President of the Society, delivered the annual address. He congratulated the Society upon the success of its labors during the past four years, and referred to the value of the annual transactions which are now found in many public and private libraries, regarded as authority by advanced thinkers in this department abroad as well as at home. "This Society" he said "was organized just at the right time, for if it had been earlier Atlee would not have been a member, if later it would have lost the name of Peaslee.

"Our Society was not the outgrowth of an accident. It did not spring voluntarily into existence but it was the outgrowth of necessity the embodiment of a formerly unknown power." "Ours is not a local society. We claim to be a national organization and to sustain this claim we must imitate our great progenitor, the American Medical Association, reach out our hands and draw into it the educated medical men of the whole country." Dr. Sims referred at great length to the exclusiveness of the society in admitting members and advocated more liberality in this respect. He remarked: "We organized with forty members, limited the number to sixty, and then made subsequent membership difficult to obtain. I would advise for the present to extend the membership to one hundred, and to open the doors freely to all men whom we know from the work they have done and the reputation they have achieved, to be worthy of membership, and to all earnest, working, educated young men whose testimonials will establish their character as such. If we do this the time will probably soon arrive when membership will be unlimited.

The Obstetrical Society of London opened its doors widely and takes in the best men of every part of the kingdom. Indeed, many men in our own country, in Canada and on the Continent of Europe are active members of this learned body. They pay their annual dues and in return receive the volume of transactions."

In concluding his address he says:

"In recommending these changes, I do so thinking they will tend to the best interest of the society.

If we persist in maintaining our present formal and repulsive plan of admitting members, I fear some bold leader may arise and organize a rival national obstetrical society on a liberal basis that will gather in the young talent of the country which we have succeeded so well in repelling from our ranks."

The next paper was by Dr. G. J. Englemann of St. Louis, Missouri, entitled "The Instinctive (or natural) and Physiological Position of Woman in Labor."

This paper was an extended and able study of this subject, and illustrated great care and labor in collecting material and in presenting data. Dr. Engleman had spent several years in working up his subject matter and the facts he has secured are curious, instructive and entertaining. He had prepared drawings illustrating the various positions taken by the women of different civilized and uncivilized, ancient and modern nations, during the act of parturition. The practical outcome of so much labor and study is the conclusion that the natural, and therefore the best position, is the semi-recumbent or one of its varieties kneeling or squatting.

Dr. W. T. Howard of Baltimore, read the next paper entitled "Three Fatal Cases of Rupture of tha Uterus, with Laparotomy."

Dr. Howard gave the histories of these three cases at some length and presented the literature of this subject. He remarking in closing his paper "I have brought these unsuccessful cases before you in the interest of science, in the belief that we may often learn more from our unsuccessful than from our successful cases. There are too many of our profession who are prone to run into

print with successful cases, and envelop their unsuccessful cases in the darkness of night."

These words are worthy of preservation and study.

The next paper was read by Dr. J. R. Chadwick, of Boston, on "The Hot Rectal Douche." The Doctor recommended the use of hot rectal douche for arresting diarrhœa and abdominal pain and for pelvic inflammations of all kinds. Hot water thus brought into the abdominal cavity will encircle the whole mass of pelvic organs and produce a wonderful effect upon inflamed organs. After citing a number of cases the Doctor remarked: "the water should be as hot as the hand can endure, while using the douche pass the finger into the vagina with the palm backward. The minute you begin to feel the lower pouch filling up you must pause a moment, without a withdrawal of the nozzle. In this wise from 1 to 4 pints of water may be introduced without exciting immediate action. The patient must be quiet for about a half hour. It is not wise for the patient to resist the expulsive efforts of the muscles. The peristaltic action is very variable. Sometimes it will be set up very soon, and sometimes not for hours I am unable to say how far up the water usually passes, but I am satisfied it passes through the large intestine to the valve. Retrostalsis, I am satisfied, does occur under some circumstances. I recommend its use two or three times per day for a week or so, and then sometimes to be discontinued for a week. I recommend the douche principally for an inflammatory condition of the large intestines or the rectum, secondarily, a condition of the pelvic organs characterized by painful defecation or burning sensations about the ovaries.

Dr. Thad. Reamy of Cincinnati read by abstract a paper on "Ulceration of the Cervix Uteri," based upon an examina- of 8000 women suffering from uterine trouble. Out of the total number Dr. Reamy had found but nineteen cases of true ulceration.

During the meetings of the Society the members were entertained by the profession of Cincinnati at the Grand Hotel, and privately by Drs. Dawson and Reamy of Cincinnati, and Dr. Henderson, of Covington, Kentucky.

The following officers were elected for the ensuing year:

President — Dr. W. H. Byford, of Chicago.

Vice-Presidents—D. T. A. Reamy, of Cincinnati; Dr. H. F. Campbell, of Augusta, Ga.

Secretary—Dr. J. R. Chadwick, of Boston.

Treasurer—Dr. Paul F. Mundé, of New York.

Council—Dr. A. H. Smith, of Philadelphia; Dr. J. C. Reeve, of Dayton, O.; Dr. J. D. Lyman, of Boston, and Dr. J. T. Johnson, of Washington, D. C.

The Society then adjourned to meet in New York on the third *Wednesday* in SEPTEMBER, 1881.*

REVIEWS & BOOK NOTICES

NOTES FROM CURRENT MEDICAL LITERATURE.

"Internal Urethrotomy: Are the Benefits to be Derived from it, as now Advocated for the Relief of Stricture Commensurate with its Dangers," is the title of a pamphlet sent to us by Dr. Ambrose L. Ranney. This pamphlet is a reprint from the August and September numbers (1880) of the *New York Medical Journal*. D. Appleton & Co., Publishers.

"Medical Science in Conflict with Materialism," by Dr. Eugene Grissom, of Raleigh, is the title of a very thoughtful and carefully prepared address delivered before the 27th Annual Meeting of the Medical Society of North Carolina, held at Wilmington, May 13, 1880. This pamphlet will be read with interest and profit by all interested in the subject it treats with much force and clearness.

Minutes of the 24th and 25th Annual Meetings of the State Medical Society of Kentucky for 1879–80. J. P. Morton & Co., Publishers, Louis-

*In preparing this report we beg to acknowledge our indebtedness to the *Cincinnati Lancet and Clinic* which contained an accurate and extended report of papers and debates.

ville, Kentucky, 1880. By a resolution of the Society the papers read before this body will in future be published by the authors in medical journals selected by them. The Society only publishes its minutes.

The Popular Science Monthly (D. Appleton & Co., Publishers) for September and October, contains the usual number of instructive original papers, and carefully selected miscellaneous and editorial matter. This periodical is ably conducted by Prof. E. L. Youmans. It should find a place upon every physician's library shelf.

BOOK NOTICES.

The Microscopist, A Manual of Microscopy and Compendium of Microscopic Sciences.—By J. H. Wythe, A. M., M. D., San Francisco. Lindsay & Blakiston, Philadelphia, 1880. For Sale by Cushing & Bailey, Baltimore.

This volume has passed through three editions since 1851. The fourth edition, now before us, has been altered to meet the growth of knowledge in this branch of science. The book is designed as a compendium of the microscopic sciences.

The first few chapters are devoted to the study and use of the microscope, modern method of examination and the methods of mounting and preserving microscopic objects. This part of the book is of special value to the student. The subsequent chapters treat of the microscope in Mineralogy and Geology, Chemistry, Biology, Zoology, Pathology, Diagnosis and Ætiology.

The volume is very handsomely illustrated with appropriate cuts.

A New School Physiology—By Richard J. Dunglison, A. M., M. D., Philadelphia. Porter & Coates, Publishers, Philadelphia, 1880. For Sale by Cushing & Bailey, Baltimore.

This volume is of an elementary character, being designed chiefly for beginners. It will be found of special value as a text-book for schools. In some respects it will be of use to students of medicine. The information presented is of a thoroughly practical character, theories and discussions giving precedence to facts arranged with system, and presented in plain and concise language.

The Hair: Its Growth, Care, Diseases and Treatment. By C. Henri Leonard, M. A., M. D , Professor of Medical and Surgical Diseases of Women in the Michigan College of Medicine. C. Henri Leonard, Medical Publisher, Detroit, Michigan, 1880.

This book contains a large amount of useful information upon the subject treated. It seems to be designed for popular, as well as professional, reading. The author has devoted much attention to the study of the Hair, and has collected and presented a variety of matter of curious interest to the reader. We are told the "Different Modes of Dressing the Hair" in different ages and by various nations, which shows extensive research and laborious work. A chapter is devoted to "Coloring or Dying the Hair." The Diseases of the Scalp are fully treated. "Hygienic Treatment of the Hair" occupies another chapter. The Hair of the Presidents of the United States does not escape attention. Indeed, it is difficult to see wherein any item of interest or curiosity has been overlooked. Any one desirous of becoming thoroughly acquainted with the "Hair," can not do better than read this book.

The author tells us in his preface that this volume is intended simply as an introduction to a second and larger, and more scientific work in course of preparation. The purpose of the larger work is to show the possibility of the classification of animals from the differences in the microscopical structure of their hair-shafts.

The volume is illustrated with over one hundred handsome wood cuts.

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BALTIMORE, OCTOBER 1, 1880.

EDITORIAL.

STANDING BY THE CODE.—A few months ago the Baltimore and Ohio Railroad Company organized an Employee and Relief Association. Among the features of this Association is a clause for securing medical services from physicians, who enter into contract with the Company upon conditions expressed in a fee table of a most illiberal and exacting character. Many physicians along the line of the Railroad, and in this city, have been induced to enter into this contract with the Company. At a meeting of the Medical and Chirurgical Faculty, held several months ago, a resolution was offered by Dr. J. Shelton Hill, of this city, to this effect

Resolved, "That members of the Medical and Chirurgical of Maryland cannot enter into a contract to render professional services to the members of the Baltimore and Ohio Railroad Employee and Relief Association at such fees as are named in the schedule of prices offered by said Company, without a violation of their obligations to this Faculty." After much discussion, this resolution was referred to the Committee on Ethics. At a called meeting of the Faculty, held September 24, the Committee on Ethics made its report, which, whilst condemning certain features in the proposition offered by the Company, in effect decided that members of the Faculty could enter into this agreement without violating the Code of Ethics. The report of the Committee on Ethics elicited an animated and lengthy discussion, and by vote of the Faculty was not adopted. The original resolution of Dr. Hill was again offered, and, after a minor amendment, was unanimously adopted.

It was the almost unanimous sense of the Faculty that the proposition of the Baltimore and Ohio Railroad Employee and Relief Associatian was an indignity which should be resented as prejudicial to the interests and rights of the medical profession, and that no physician can enter into contract with this corporation, upon the terms proposed, without a violation of medical ethics. By this action the Faculty has placed itself squarely upon the Code of Ethics of the American Medical Association, and has given emphasis to that higher Code which is expressed in a true understanding of the relations which should exist between the profession and public. Medicine is not an article of trade to be bartered away to the lowest bidder. It is derogatory to its dignity and character to measure it by a standard of mercenary consideration. Propositions which seek to destroy the rights which the profession alone should exercise in regulating the value of professional services should be treated with all the contempt a manly nature can express. Let the members of the profession, who are not members of the Medical and Chirurgical Faculty, think well before they act in this matter, and, after due consideration, reject an offer which can only debase the estimate in which are held the highest rights of the profession.

AMERICAN GYNECOLOGICAL SOCIETY. The Fifth Annual Meeting of this Society, which was held in Cincinnati, September 1st, 2nd and 3rd, was a decided success and sustained fully the reputation this body has enjoyed for its profusion of original work of a practical value to Gynecological Science. Notwithstanding less than half the membership was in attendance the number of original papers was not diminished, the discussion were of an animated and able character.

We have expended a strong effort to give an accurate and concise, yet full report of this meeting, believing it will be read with interest and profit. We have quoted from Dr. Sim's address, to the Society, his views with reference to the increase of the membership of this Society. No one will doubt the

wisdom of these views. Up to this time this Society has maintained its respectability and influence largely through its rigid requirements in admitting members. But it should be borne in mind that this branch of science has greatly developed since this Society was organized, in part due to its influence. During the past five years many men throughout this Country have turned their attention to this branch of practice. It is fair to suppose that a majority of these men are capable of reflecting credit upon Gynecological Science. It is proper under such circumstances that this Society should recognize, encourage and stimulate a larger growth by extending the field of its membership. It need not, in any respect, relax its present wise system of admitting members, but do away with the practice of waiting for vacancies to occur by death or resignation before new material can be admitted. Dr. Sims points out the fact that if the Society persists in maintaining the present system of admitting members, a rival obstetrical society may spring into competition for the rising talent of the Country.

The day of monopolies has passed in this Country. No society can prosper which maintains a system based upon illiberal and contracted principles of government.

An Invitation.—The Sesqui-Centennial Celebration of the founding of Baltimore promises to be of imposing interest and grandeur, and will surpass anything of its character ever held in this city. The celebration will be participated in by all classes of our citizens, in a manner best suited to their respective tastes and occupations. The exercises will begin on October 11th, and close October 16th, each day being assigned to various street displays and exhibitions.

The medical profession has decided to take part in this celebration, as will be noticed elsewhere in this number of the Journal. It is unfortunate that more time has not been allowed for the adoption and execution of plans which would reflect greater credit upon our professional growth, and the advantages offered by Baltimore as a medical center during the past century. The committees appointed to prepare addresses, upon our professional status past and present, must necessarily work with such haste as to leave unnoticed many points of interest. This is a subject of regret, yet it is believed the exercises proposed will be of interest and profit, and will amply repay such members of the profession from a distance as may attend them.

It is the expressed wish of all of our citizens that persons from a distance shall visit our city during the Centennial week. To all who come a cordial welcome will be extended.

An Explanation.—In quoting the language of a correspondent to the *Cincinnati Lancet and Clinic*, of August 14, we were guilty of two errors which we hasten to correct, errors of no consequence and of which we cognizant but which this same correspondent enjoys at our expense. To explain what he pronounces an unpardonable "ignorance" we will again quote the original paragraph from the *Lancet and Clinic*, and our remarks upon the same. The writer says: "the Medical Societies of Baltimore are three in number, the Clinical Society, East Baltimore Medical Society and Baltimore Academy of Medicine. The latter admits no one to membership who has not been in practice ten years. In addition to this clause a prize of a hundred dollars is given annually for the encouragement of original research. The last prize was taken by Dr. Councilman of this city, but we have not been able to learn the subject of his essay." Our remarks. "This statement is true as far as it goes, Baltimore has not only three Medical Societies as noted by the writer, but two others, the Baltimore Medical Association, the oldest Medical Society in the city, and the North-Eastern Clinical Society, composed principally of young men, but doing good work." It will thus appear that in using the expression, "this is true as far as it goes," we have been guilty of endorsing a statement which in reality is not true, but in the sense in which we intended is allowable. We were perfectly aware of the fact that no such Society as the East-Baltimore Medical Society existed, that the correct name of this Society is the Medical and Surgical Society of Baltimore. But to physicians living in West Baltimore it is so common a habit to

refer to this Society as the East Baltimore Medical Society that we were not disposed to find fault with R. B. D. for using this name, and tacitly endorsed his language. In the same manner we appear to endorse the statement that the Baltimore Academy offers an annual prize of one hundred dollars, when in point of facts this prize was made a bienniel one at the last annual meeting of this body, though previous to that time it was an annual prize. We were equally aware of this fact. and should have stated it, but for a wish to be liberal in our interpretation of the writer's meaning. We have made this explanation to present facts in their true light. This same correspondent in a letter to the *Lancet and Clinic* of September 18th, undertakes to defend his position by pointing out the discrepancies in the statements above referred to.

MISCELLANY.

Sesqui-Centennial Celebration. —At an adjourned meeting of the Medical and Chirurgical Faculty of Maryland, held September 25th, it was decided to prepare an abstract of the origin and present condition of the Faculty and to request the same to be published in the accounts of the proceedings of the Sesqui-Centennial Celebration of Baltimore. The following resolution was adopted:

"*Resolved*, In order that the Medical and Chirurgical Faculty of Maryland may observe the approaching 150th anniversary of Baltimore in a manner becoming the importance of the occasion and its own antiquity and high standing, that the president be requested to call a meeting of the Faculty at such time as may seem most convenient on one of the days devoted to the purposes of the celebration, to hear brief reports or sketches upon the following subjects, by gentlemen previously appointed by the Faculty, each report not to exceed 20 minutes in reading: Subjects—'Surgeons of Baltimore and their Achievements;' 'Physicians of Baltimore, What have they Done?' 'Medical Societies of Baltimore,' 'Medical Journalism in Baltimore,' 'Sketch of Medical Schools in Baltimore.'"

A number of other resolutions were introduced, but not passed. In accordance with the above resolution the president has appointed the following gentlemen, a Committee of one to prepare an address upon each of the subjects as follows: Surgeons of Baltimore, Dr. B. B. Browne; Physicians of Baltimore, Dr. S. C Chew; Medical Societies of Baltimore, Dr. Jas. Carey Thomas; Medical Journalism in Baltimore, Dr. T. A. Ashby; Sketch of Medical Schools in Baltimore, Dr. E. F. Cordell. The day of meeting will be made known through the daily press. Physicians living out of the city are invited to attend this meeting.

New Books Received.—Hygiene and Treatment of Catarrh. By Thos. F. Rumbold, M. D., St. Louis. Geo. O. Rumbold & Co., Publishers, St. Louis, Mo., 1880.

Diseases of the Throat and Nose. By Morell Mackenzie, M D., London. Presley Blakiston. Publisher, Philadelphia, 1880. For sale by Cushing & Bailey, Baltimore.

School and Industrial Hygiene. By D. F. Lincoln, M. D. Presley Blakiston, Publisher, Philadelphia, 1880. For sale by Cushing & Bailey, Balto.

What To Do First in Accidents or Poisoning. By Charles Dulles, M. D, Philadelphia. Presley Blakiston, Publisher, 1880. For sale by Cushing & Bailey Baltimore.

Practice of Medicine. By Roberts Bartholow. D. Appleton & Co. For sale by Bushing & Bailey, Baltimore.

Fothergill's Therapeutics. New edition. Henry C. Lea. For sale by Cushing & Bailey, Baltimore.

Eighth Registration Report of the State of Michigan. W. S. George & Co., State Printers, Lansing, Mich. From H. D. Baker, M. D., Supt. of Vital Statistics.

THE INDEX CATALOGUE.—The first volume of The Index Catalogue of the Library of the Surgeon General's Office, Washington, D. C., contains nearly nine hundred pages, including the letter A to Berlinske. The work will include nine to ten volumes. The present volume opens with a list of Abbreviations of Titles of Periodicals, which alone occupies a space of 126 pages. There are 9090 Author titles, representing 8031 volumes and 6398 pamphlets; also, 9000 subject titles of separate books and pamphlets, and 34,680 titles of articles in periodicals. 38 pages are devoted to the subject of Anatomy. This Index Catalogue owes its existence to the industry and untiring efforts of Dr. J. S. Billings, assisted by Dr. Robert Fletcher.

MISS ADELAIDE NEILSON—CAUSE OF DEATH.—Dr. W. E: Johnston, of Paris, who frequently attended Miss Neilson during attacks of illness, states, that the disease from which she suffered was principally gastralgia, dependent quite as much on moral causes as on errors in diet. In her last fatal attack, during a most violent recurrence of pain, she suddenly ceased to complain, went into a state of syncope, and died in the syncope. The post-mortem examination made the next day disclosed the extraordinary fact, one of the rarest in the history of medicine, that in her writhings she had ruptured a varicose vein in the left Fallopion tube, and had died from internal hæmorrhage. Two quarts and a half of blood were found in the peritoneal cavity, and the ruptured vein presented an orifice of from four to five millimetres in diameter.

A DEFENCE OF OÖPHORECTOMY.—At a recent annual meeting of the West Somerset Branch of the British Medical Society, Mr. Lawson Tait made a defence of the operation of oöphorectomy, giving some interesting facts from his experience with regard to its *unsexing the patient.* Mr. Tait said that as the diseases for which this operation was performed had already unsexed the patient as far as child-bearing was concerned, and in may cases as far as marital functions also, this argument was futile. The operation often restored the sexual capacity previously destroyed. In this operation he had, in his experience, exactly the opposite effect attributed to it in the argument he was discussing. As to its *destroying the sexual instinct and desire* in women, Mr. Tait said that no such consequences followed. Two of his patients operated on were married ladies in good position, and they stated that it made no difference whatever in their marital relations; all his patients stated that it made no difference in their feelings for the other sex. As to alleged *alterations of voice, appearance, abnormal growth af hair, tendency to obesity*, etc., it was denied that they occurred. The possibility of a *criminal abuse of the operation* seemed too remote for any consideration. It seems barely possible that enthusiastic oöphorectomists will, in time, advocate their operation as an aphrodisiac measure or a cure for sterility. *Med. Record.*

A REMARKABLE DWARF reached New York from Ireland by the last trip of the steamer Wisconsin, of the Guion line. It was a female thirty-one years of age, and born on an island off the coast of Kerry. Up to the age of six months she continued to develop in the usual manner, and then suddenly ceased to grow, with the exception of the head, which is now the size of that of an adult woman, while the body is like that of an infant. The hair is two or three inches long, but is thin and fine, and has fallen out in patches; while she has also lost a number of her teeth. All attempts at training have failed, as she has never been able to walk, talk, or even utter a cry. At the same time she seems to understand conversation, is apparently sensitive to remarks about her person,

and has a good memory for faces. Her only food is milk and bread, and she takes but little of this. Her parents are taking her to Mahoney city, Pa., where they intend to settle with some of their other children, their being nothing abnormal in any of the rest of the family.

Fiske Fund Prize.—At the annual meeting of the Rhode Island Medical Society, the Fiske Fund prize of two hundred dollars was awarded to Dr. C. V. Chapin, house physician at Bellevue Hospital, New York, for the best essay on "The Sympathetic Nerve and its Relation to Disease."

Twelve Breech Presentations.—By John D. Nourse, M. D., Lancaster, Ohio. In the *American Journal of Medical Sciences* for April, I noticed an account of ten successive breech presentations in the same woman, and in the Recorder for March, 1879, a report of eight. I read a paper in February, 1879, before the Central Ohio Medical Society, on the causes of breech presentations, based upon a series, a synopsis of which was published in the *Clinic* of that year, in which there were eleven successive breech presentations in the same woman, all single births. This case is well authenticated, four of the labors being attended by myself and the others being vouched for by the woman herself and her attending physicians. Since that report, I have attended her in her twelfth confinement, when she gave birth to twins, one of which was a breech presentation and the other a head—the only one she ever had in the thirteen children. This makes *twelve* breech presentations in the same woman. I desire this case to go on record as the *par maximum* of breech presentations.—*Ohio Med. Recorder.*

Professor A. W. Hoffman has been appointed Rector, and Professor Schroeder Dean, of the Faculty of Medicine in the University of Berlin.

Treatment of Catarrh of the Cervix Uteri.—Dr. Sims, (*Trans. Amer. Gynec. Society*, 1879,) states that in the form of cervical catarrh hitherto regarded as incurable, viz.: that in which the secretion from the cervix is albuminous and persistent, and remains unchanged in spite of all potential caustic applications, he has found the following procedure successful: He dilates the cervical canal with a sharp curette, scrapes out all the fungoid granulations, and then by Paquelin's instrument cauterizes the entire cervix up to the os internum.—*Detroit Lancet.*

Assets of British Medical Association.—The receipts of British Medical Association for the past year were $75,000, and the expenses $60,000. The balance for the year in the treasury is over $10,000. The total membership of the Association at date was 8,052, an increase of about 900 during the year.

Quiz Class.—Drs. W. F. Lockwood, G. H. Rhoé and J. W. Chambers have sent to us a circular stating that they have organized a "Quiz Class" at the College of Physicians and Surgeons, Baltimore. They say "it will be their object to adhere as closely as possible to the order and text of the Lecturers, and their pleasure to render at any time such individual assistance as may be deemed of advantage."

Injections of Morphia in Intestinal Obstruction.—One grain of morphia injected subcutaneously three times a day, in a case of intestinal obstruction which lasted for thirty-nine days, met with excellent results at the hands of Dr. W. H. Lambert.—*London Lancet.*

A Source of Typhoid Fever.—A Mr. Doyle, of England, claims that leucorrheal discharges are the source of typhoid fever. The idiot.—*Louisville Medical News.*

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THOMAS A. ASHBY, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

ORIGINAL PAPERS.

A CONTRIBUTION TO THE RELATIVE VALUE OF THE DIFFERENT OPERATIONS FOR DELIVERY IN NARROW PELVES; WITH THE HISTORY OF EIGHTEEN CASES.

BY AUG. F. ERICH, M. D.,

Professor of Diseases of Women, College of Physicians and Surgeons, etc.

(*Continued from last number.*)

The practitioner called to a case of dystocia due to narrow pelvis, is required to make a prompt choice between the following means of delivery, viz: 1, the long forceps; 2, podalic version; 3, craniotomy; 4, laparo-elytrotomy; 5, gastro-hysterotomy, or its modification by Porro, gastro-hysterectomy. The discussion of the first two, the long forceps and podalic version, has been conducted with more bitterness than that of all the others combined. Next to the late Sir James Y. Simpson, who lent the great weight of his authority in favor of this operation, one of the strongest advocates of podalic version in preference to the forceps, is Goodell, of Philadelphia. In a paper published a few years ago,* he relates ten cases delivered in this manner, only one of which (case IX) can be considered as supporting his views, since in this case alone had the forceps been tried before version was attempted and a living child delivered by its means. Even this case loses some of its value by the confession of the author that he is "a convert to," and "a warm partizan of podalic version." Is it not possible that had he not been a partizan of delivery by version he might have continued his efforts with the forceps a little longer and perhaps finally succeeded with it?

Dr. Alexander Milne, of Edinburg, another advocate of podalic version, says of the high forceps operation:† "The chief merit claimed for the high forceps operation is, that by it we may occassionally extract a child in cases of narrowed brim, where no other prospect is offered but the 'sad and horrible' one of craniotomy. Now, granting that this happy result is obtained in some instances, and

* Clinical Memoir on Turning in Pelves narrowed in the Conjugate Diameter. American Journal of Obstetrics, August, 1875.

† On the Comparative Value of the Long Forceps and Turning in Cases of Contracted Pelvic Brim. Edinburg Medical Journal, March, 1867.

conceding further, for argument's sake, that turning in these same cases could not have been accomplished, the question remains. Is the result worthy the price, or is the benefit obtained not outweighed by the attendant risks and dangers? Take the mother first, as the more important life, * * * What dangers threaten her, to what hazards is she exposed? In the first place, from the long delay * * * she may become exhausted and suffer from a train of well-known painful symptoms, or the protracted pressure may lead to inflammation, suppuration and sloughing; * * * or even rupture of the uterus, with its usually fatal termination may be induced."

This is indeed the language of "a partizan." He pictures the dangers of delay as if that was inseparable from the high forceps operation, and as if a good obstetrician, provided with Barnes' dilators and Braun's kolpeurynter, would wait any longer in the one case than in the other, (see my 16th case). The danger of rupturing the uterus is generally admitted to be greater in version than in forceps deliveries.

When portraying the dangers accompanying the application of the long forceps, Dr. Milne proves conclusively that he does not know how they should be applied. He says the application of the forceps increases the dangers before recounted and continues: "For example, the vagina, tumefied by the delay, may be readily torn, or some part of the uterus may be lacerated. Indeed, no one can tell what injury the point of the blade may do as it travels its critical way within the cavity of the womb, any more than we can tell what lies at the bottom of a draw-well, or in a valley in the moon." How can the vagina or uterus be lacerated by the point of the blade if that is preceded by the hand until it has entered the cervix? Should it fail to pass to its proper position by the application of such moderate force as could not possibly produce laceration, the hand should precede and guard the blade of the forceps until it has cleared the obstacle, however high that may be up. It may here be objected that there might be no room for the hand. This objection cannot hold good in the cases under discussion where version is the alternative, since where there is room for version, there must also be room for the hand in the application of the forceps.

Dr. Milne now puts in, what is evidently intended to be an eloquent plea for the child. He pictures the risks and dangers to which the child is first exposed from contractions of the uterus. "Its brain" he says, "will not tolerate the prolonged compression with impunity, even while within the womb." What possible connection the forceps can have with this physiological compression does not appear. He then continues: "The compression to which the head is exposed during the high operation is doubtless severe; and if, as is generally the case, the blades are applied obliquely, then the force is exerted in the antero-posterior axis of the head, which is believed to be the most dangerous direction," and then he goes on to picture the sad results of bringing into the world an infant with permanently injured brain, and "thus entail on a family a source of perpetual sorrow and compassion, and on the State a helpless and hapless member incapable alike of protecting himself or others." The danger to the child from compression, as here described, is another proof of the fact that the author does not use the forceps as they should be used. What he says here may apply if the forceps are used as an instrument of compression. If the instrument is used in the interest of the child, as a means of traction merely, and with proper pauses for relaxation of its pressure to allow the circulation in the child's tissues lying in contact with the blades to be re-

sumed from time to time, not one of these dangers will be encountered.

To what strange use statistics may be put, is illustrated in a paper published by Dr. Harold Williams, of Boston,* in which he furnished statistics, proving to his satisfaction, "That the high forceps operation should be undertaken with the greatest hesitation, inasmuch as its results to the mother are more fatal than Cæsarean section." This is another proof of the utter unreliability of statistics of operations collected at random from the journals, leaving the complications, time of performance and relative skill of the operators out of account. How much the dangers of the forceps operation are here exaggerated, will appear when we consider that the eighteen cases above reported constitute only the worst cases that I have encountered, and that after an hour's faithful tugging at the forceps the risks of craniotomy, and in two of them the dangers of version were added without losing a single mother. In the light of this experience, I am forced to say, at the risk of appearing dogmatic, that if the high forceps operation becomes dangerous to the mother, it is either a rare accident, or it is the fault of the operator. In most cases of this operation ending fatally, this result should be attributed to the long delay and the previous use of ergot. If ergot had not been given, and the forceps had been earlier applied, the mother's parts would not have become so hot, dry and adhesive as I have generally found them, and the probability is that in all those cases where the disproportion was small the delivery might have been effected without the use of the perforator. In a case of shoulder-presentation to which I was called at "the eleventh hour" the stickiness of the maternal and fœtal surfaces was so great that after I had brought down the feet and fastened strong bandages to them, it required my full strength and that of the midwife in attendance to deliver the hips and body of the child, although there was no narrowing of the pelvis.

The other side of the question is strongly advocated by Byford, of Chicago; Matthews Duncan, of London; Depaul, of Paris; Ellwood Wilson, of Philadelphia, and many other high authorities, McClintock, of Dublin, is opposed to version, and in favor of head-first delivery in contracted pelvis.

Fleetwood Churchill* says that in a pelvis of 3.25″ in the conjugate diameter, turning is unnecessary, as a living child may be delivered through it either with or without the forceps. If the conjugate is less than 2.75″ turning is unjustifiable, as a living child cannot be extracted. The limits of the operation then, are when the antero-posterior diameter is between 2.75″ and 3.25″. Barnes† says that in cases where the antero-posterior diameter is less than 3.″ turning is not to be tried.

Leishman‡ says that "when the conjugate diameter is less than *three* inches, to attempt to turn would be to subject the woman to needless risk, while we may be confident that nothing but failure would attend our efforts." He also says, that delivery with the forceps is a safer operation to the mother than turning. Cazeaux states that when version is performed in a pelvis of three, or less than three inches, the result is almost always fatal to the child. Capuron affirms that the fatality to the children delivered by podalic version in contracted pelvis amounts to 70 or 75 per cent. This is endorsed by Cazeaux. Version is fatal to the mother according to Cazeaux in about ten per cent. of the cases, (1 in 10½) while the statistics of Churchill place it at 7 per cent. (1

Am. Journ. Obst., Jan., 1879.

*Theory and Practice of Midwifery, Ed. of 1866.

†*Med. Times and Gazette*, Sept., 1868.

‡System of Midwifery, Am. Edition, p. 520–1.

in 14). Chailly-Honoré says * that "obstetricians up to 1866 are agreed to consider malformation of the pelvis as a motive for the exclusion of version," and also that version should not be made where there is any disproportion between the head of the child and the pelvis of the mother. Spiegelberg,† perhaps the highest living German authority on obstetrics, restricts version to those cases where there is an unfavorable position of the head above the brim, preventing its engagement, or to inefficient pains. In these cases it is indicated when it can be performed at the proper time. The cases should likewise be selected. It is only in flat pelves that version should be undertaken; in the uniformly contracted pelvis it is worse than useless. Dr. Angus McDonald‡ states it as his opinion "that turning does not present any proved advantages to the mother over long forceps in cases of contracted flat pelvis, and is undoubtedly more dangerous to the child. That it is entirely unsuitable when the contraction is general, being much more dangerous to the mother than long forceps *or any of the higher operations*."

The late Professor Hugh L. Hodge, perhaps the greatest master among American obstetricians, in a paper written just before his death, says: "It has been said that success justifies the means; but how a practitioner can be justified, in a protracted case of delivery, where the waters have long been evacuated and the body of the uterus firmly contracted upon the body of the child and placenta, and when a portion, if not the whole, of the presenting part has passed the circle of the os uteri, in attempting version, is inexplicable. *A priori*, it would seem to be impossible. The uterus is firmly contracted to a comparatively small size, there is no room for the return of the presenting part, and every attempt to push up the head and to introduce the hand must be of the most imminent danger to the integrity of the vagina and uterus, and we know that the operation is often impracticable and fatal. No latent hope that the child might possibly be saved under these circumstances can compensate for the immense risk to the mother." *

My eighth case furnishes pretty strong evidence that a living child can not be delivered by version after the forceps have been fairly tried and failed. It was a delivery of twins. The first born having been delivered with comparative ease after perforation and partial evacuation of the contents of the cranium after failure to deliver by the forceps previous to the perforation, I thought, here, if ever, was the case to test the merits of the question. Finding that after the most persistent efforts on my part, the second child also could not be delivered with the forceps, I proceeded to deliver by version. Although I finally succeeded in delivering the head without perforating, the child perished before I could accomplish its delivery. The mother having refused to take chloroform, suffered much more from the delivery by version than from the previous one by craniotomy. In two other cases, not included in those above reported, I have tried version after the forceps had failed. In the first of these, the delivery could not be accomplished without perforating, which was done by another operator. The mother died some hours after the delivery. In the second case, multipara, disproportion in size of head to pelvic canal, the mother being an educated German midwife, requested a

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*Quoted by Wilson, Am Journal Obstetrics, VIII, p. 679.

†Quoted on the authority of Dr. J. C. Reeve, Am. journal of Obstetrics, vol. IX, *Review*.

‡On the Comparative Advantages of Forceps, of Turning and Premature Labor in Contracted Pelvis.—*Obstet. Journal of Great Britain and Ireland*, Nov., 1873.

* On Compression of the Fœtal Head by the Forceps and Cephalotribe. *Am. Journal of Obstetrics*, May, 1875.

trial of version after the delivery by the forceps had been despaired of. I succeeded in delivering the head with out perforating, but not with sufficient rapidity to save the child

If our aim was simply to avoid craniotomy, version would often enable us to do that as was shown in these two cases, but the dangers to the mother and child after version are greater in consequence of the urgency for immediate delivery after it. The practitioner feels that every moment's delay adds to the danger of the child. Rupture of the cervix or perineum of the mother, and fracture of the arms, clavicles or neck of the child are liable to result from it.

Having failed to deliver by the forceps or version, and having consequently abandoned all hope of saving the child, except under such serious risks to the mother as would not be justifiable; it becomes a duty to choose of the remaining operations the one that promises the greatest safety to the mother, and that will, in my opinion, necessarily be craniotomy. In a slightly contracted pelvis, this operation when performed by an experienced operator, possessing ordinary dexterity may well be said to be almost free from danger to the mother. My eighteen cases, all delivered by craniotomy after a persistent trial of the forceps, and all ending in the recovery of the mother, will, I think, justify this opinion. Most of the fatal cases reported are, I think, due to exhaustion in consequence of delaying the operation too long.

Taking such strong grounds in favor of the comparative harmlessness of craniotomy as I have done in this paper, it may be necessary to account for the injuries some of the mothers sustained. In the second case, in which a vesico-vaginal fistula resulted, craniotomy could not possibly have contributed to the result, as the fistula was due to the sloughing, which would have been prevented, had the operation been resorted to earlier. In the third case, a transverse rupture of the posterior portion of the roof of the vagina was probably produced by too forcible contraction of the uterus, possibly due to the action of the ergot which had been administered long before even the forceps had been applied. The attack of parametritis occurring in the sixteenth case is too common a complication of parturition to hold craniotomy responsible for it.

Wiener gives *statistics of the craniotomies in the clinic and policlinic at Breslau for the twelve years from 1865–77. There were during this time 101 craniotomies. The mortality of the mothers in these operations was twenty-five per cent. Thirty-nine of the operations took place in the clinic (lying-in hospital) with nine deaths, and sixty-two in the policlinic (out-patient department) with seventeen deaths. In the six years from 1872 to 1877, there were 17 craniotomies in the clinic, with no deaths. During the same time there were in the policlinic 24 operations with 7 deaths. The larger mortality in the out-patient department is ascribed to the late stages of labor in which the operation is done, the patient being frequently entirely exhausted before the consulting accoucheur is sent for. Spiegelberg states that after failure with the forceps, no more time is to be spent in temporising. The time to operate having arrived it is to be proceeded with at once. Dr. E Copeman in a report on cases of obstetrics in private practice,† reports one death in 14 mothers delivered by craniotomy. By way of comparison it may be stated that the same writer reports five deaths in 22 mothers delivered by version.

Laparo-elytrotomy has recently been prominently mentioned as a substitute for craniotomy, but Professor T. G. Thomas, who re-introduced the

*Archiv fuer Gynækologie, bd. XI.

†Obst. Journal Great Britain and Ireland, June 1874.

operation in 1870, being the second that ever performed it on the living subject, has expressed the opinion that "in uncomplicated cases of craniotomy the operation of laparo-elytro tomy would not be justifiable. Only in cases where the former operation would be especially dangerous to the mother would he give a decision in favor of laparo-elytrotomy"* This operation holding out the hope of saving both mother and child should be resorted to whenever the diameter of the pelvis is so much contracted as to render craniotomy impracticable, that is, when the smallest diameter is below two inches. Of the eight cases hitherto reported, four women and six children have been saved. In exactly one half the cases, the bladder has been cut into or torn during the ope ration. It is probable however that with additional care this accident could in most cases be avoided.

From these considerations it is evident that the indications for gastro-hysterectomy (Porro's modification of the Cæsarean section) would dwindle down to cases of rupture of the uterus with escape of the child into the abdominal cavity, and cases of extensive carcinoma of the cervix This operation, meeting all the indications for, and being less dangerous than gastro-hysterotomy, promises to supplant the latter operation entirely.

The artificial induction of premature labor has been strongly urged of late, especially in Germany, as a proper and justifiable operation in contracted pelvis. The foremost advocate and defender of this practice at present is Dohrn of Marburg.† He publishes an analysis of 42 cases with the following results: Of the 42 cases, 11 were primaparæ, and 31 multiparæ. Three of the mothers died. Of the children, 19 died during or shortly after birth, 23 remained alive.

Nineteen multiparæ, observed by Dohrn, in a succession of labors, were delivered at full term of 41 children, of which number 37 died during or shortly after birth, and only 4 lived. These same women were delivered by the induction of premature labor of 25 children, of which 15 lived. In these cases the percentage of children saved is 60 per cent. in prematurely induced labor, and 9.7 per cent. in previous labors at full term. This would indicate a decided conservative influence of this operation.

On the other hand, Spiegelberg,* Litzman,† MacDonald ‡ and Landau § argue against the advisability of the operation. Spiegelberg seems to have somewhat modified his opposition however for the following statistics are reported by Wiener, ‖ his assistant at the Breslau obstetrical clinic. Sixteen cases of premature labor artificially induced in consequence of contracted pelvis, gave the following results:

The mortality to the mothers was 5.25 per cent., (one death in 16 cases, from "lymphatic septicæmia"). 62½ per cent. of the children died either during, or shortly after birth. Wiener concludes, that within certain limist of pelvic narrowing (2.8″—3.7″) the artificial induction of premature labor is more favorable to the mother than labor at full term In a less degree the operation is also more favorable to the life of the child. Wiener, however, points out that many children delivered prematurely, die soon after birth, and that consequently the operation is not so favorable to the offspring as claimed by Dohrn.

The conclusions that I have been able to draw from my experience and research in reference to the different

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* Trans. N. Y. Obstet'l Society; *Am. Journal Obstetrics*, April, 1880.

† Volkmann's Sammlung Klin. Vortraege, 1875, und Archiv fuer Gynækologie, bd 12.

* *Archiv fuer Gynækologie*, Bd. I.

† Ibid. Bd. II.

‡ *Obstetrical Journal Great Britain and Ireland*, Nov. 1873.

§ *Archiv fuer Gynækologie*, Bd. XI.

‖ *Archiv fuer Gynækologie*, Bd. XII.

methods of delivery in narrow pelves, are the following:

1. The propriety of induction of premature labor is still questionable.

2. That version, while it should never be the alternative of the forceps, should be tried in contracted flat pelvis before resorting to craniotomy, but is worse than useless in a uniformly contracted pelvis after the forceps have failed.

3. The forceps, when properly applied and used, are the safest means of delivery for both mother and child. After failure with them craniotomy is indicated, except in cases of narrow flat pelvis, where version should first be attempted.

4. When there is not room enough for the application of the forceps, and when the smallest diameter of the pelvis is less than two inches, laparo elytrotomy is indicated. Our methods of measuring the diameters of the pelvis and of estimating the size of the child's head in utero are, however, so very inexact that it is amusing to see cases reported with diameters given down to one-twelfth of an inch. Considering that these estimates are at best rough guesses, it will generally be well to give the child the benefit of the doubt and attempt to apply the forceps whenever the smallest diameter of the pelvis seems to be somewhere above two inches.

5. In cases of rupture of the uterus where the child has escaped into the abdominal cavity, and in cases of extensive carcinoma of the cervix, Porro's operation (gastro-hysterectomy) should be performed in the interest of the child.

6. The unmodified Cæsarean section (gastro-hysterotomy), has been superseded by Porro's operation, which meets all the indications, with less danger to the mother.

ON PREVENTABLE POLLUTION OF HYDRANT WATER AND ITS RELATION TO THE SPREAD OF TYPHOID FEVER.

BY GEORGE H. ROHÉ, M. D. AND J. W. CHAMBERS, M. D., BALTIMORE, MD.

A "house epidemic" of typhoid fever occurring recently in the practice of one of the writers, suggested the propriety of an examination of the sanitary conditions that might have caused the outbreak of the disease.

Careful inquiry was made of the patients and the other inmates of the house as to the use of water from pumps, or other possibly infected source. None of the members of the household could recollect using any pump or well water within three or four weeks previous to the appearance of the fever. All the water used for cooking and drinking purposes was obtained from a hydrant in the yard attached to the house, which is at No. 261 Orleans street. This yard is about fifteen feet wide by twenty-five feet deep The hydrant is in the Northwest corner of the yard, about eight feet from the kitchen door, while at the Southeast corner of the yard, and about twenty feet from the hydrant is a shallow privy-vault. The surface of the ground at the privy is about four feet above the paved portion of the yard where the hydrant stands. The soil is a porous, sandy loom, such as would readily permit the percolation of fluids. The ground around the privy shows evidences of an overflow of the contents of the vault at some time not very remote. A decided fecal odor is perceptible on stepping from the kitchen into the yard.

The hydrant is one of the class known as "non-freezing." The mechanism of these hydrants is as follows: At the lower end of the vertical discharge pipe is a glazed earthenware plunger, which works through a ring of rubber packing into a vacuum chamber. At the bottom of the vacuum chamber is a valve regulating the entrance of the water from the conducting pipe. When the water is shut off, this valve is kept closed by a spiral spring. When the crank of the hydrant is turned forward, that is, when the water is "turned on," the plunger is forced to the bottom of the vacuum

chamber, presses on the spring, opens the valve and allows the water to discharge. When the crank is turned back, the plunger is raised, releases the spiral spring, which forces the valve into its bed, and shuts off the water. The partial vacuum produced by the raising of the plunger, draws the water which is in the vertical discharge pipe into the vacuum chamber, which is so far below the surface as to be unaffected by frost. In course of time, and with use, the rubber packing gets worn, and permits gradual leakage into the vacuum chamber, and as the latter is always surrounded by dirty, stagnant water, it is clear that an old hydrant furnishes little if any better drinking water than a polluted pump.

In order to determine whether the water used by the residents of the house, No. 261 Orleans street, contained an excess of organic matter, a quantity was procured and tested according to the process of F. Schultze, as modified by Lex.* The response to the permanganate was decided, and indicated the presence of a considerable percentage of organic matter. Sixty cubic centimetres of the water treated with three cubic centimetres of permanganate solution, cleared almost immediately, while, with the addition of 4 and 5 *c. c.*, it became clear after standing a short time; a repetition of the test with another sample of the water gave a like result. A number of comparative tests of water from other hydrants was made, with the following results:

Hydrant in yard, No. 222 N. Broadway, near privy and manure pit, gave marked evidence of the presence of organic matter. Kitchen top on the same premises gave no evidence of organic matter present.

New hydrant in yard, No. 188 N. Broadway, drainage away from hydrant, gave no evidence of the presence of organic matter.

New hydrant in yard, No. 214 N. Broadway, gave no evidence of organic matter.

Hydrant in yard of No. 5 school, corner of Broadway and Chew streets, gave evidence of the presence of a small quantity of organic matter when tested with the permanganate solution.

As neither of the writers is a practical chemist, no quantitative determinations of the albuminoid ammonia present were made.

In order to verify the suspicion of leakage into the hydrants, an ingenious method, devised by Dr. D. W. Cathell, of this city, was resorted to. Dr. Cathell pours a bottle of ordinary washing blue into the wooden box surrounding the hydrant pipe, and after a few turns backward and forward of the crank, the blue color of the water will at once demonstrate the leakage. Tested by this method it was found that the hydrants at No. 261 Orleans street, 222 N. Broadway, and No. 5 Public School, were leaky, and, as shown above, these were the same that gave evidence of organic matter when tested with the permanganate of potassium solution.

We have thought it proper to call attention to this matter, and to demonstrate by chemical and physical tests, the actual presence of organic matter in the drinking water used by the household suffering from typhoid fever. This is not an isolated instance. Professor Erich has communicated to us the particulars of four cases occuring in a single family in his practice, the origin of which he believed could be traced to polluted hydrant water. In this instance he tried the simple and ingenious method above given, which has been already published.* In the excellent and instructive paper here referred to, Dr. Morris states that his attention was first drawn to this possible source of danger by observing a similar "house epidemic" of typhoid fever "in a small tenement near the Belair Market."

Whether, in the instance cited, the contaminated water was the source of the infection, cannot, of course, be absolutely determined; but the presumption is so strong that it was so, and the possible dangers in other diseases are so great that we considered it advisable to place or record the results of our limited observation, trusting that others with greater facilities for investigation, may take up the subject and reach more definite

* PARKE'S *Manual of Hygiene*, 4th Edition, p. 84.

* Local Causes of Insanitation in Baltimore; by John Morris, M. D. Report of Maryland State Board of Health, 1878.

conclusions. If it be admitted, as we think it must be, that polluted drinking water may be a source of grave danger in the case of epidemics, especially of cholera, yellow fever, and perhaps diphtheria, and when it is remembered that it is not the quantity, but the kind of organic matter that makes water dangerous, it becomes at once a matter of profound importance to correct the defect in the water supply above pointed out.

We speak of "preventable pollution," because, in our opinion, the defect is removable. Sanitarians are at one as to the importance of the proper disposal of sewage, and of the utter perniciousness of the privy system, with which Baltimore, in common with other large cities, is cursed. But, although we may raise our voice in condemnation of this abomination, it stays with us. It is suggested however, that the dangers from this source may be considerably lessened by the general substitution of an in-door hydrant in place of the out-door filth accumulator now in use. This would not only be cheaper, but while removing the danger pointed out in this paper, would add materially to the comfort of the family using the water.

SOCIETY REPORTS.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD MAY 24TH, 1880.

JOHN F. MONMONIER, M. D., President, in the Chair.

The Association met at 8.30, P. M. After the ordinary formalities were dispatched, *Dr. Arnold* read a paper upon PUERPERAL INSANITY, which was published in this JOURNAL, June 15th.

Dr. Jones inquired whether much of the trouble in these cases was not due to hysteria.

Dr. Arnold replied that there was no evidence of this in his cases. The insanity was unmistakable. Delirium is not a common symptom of hysteria

Dr. Morris regarded it as true insanity, but not a peculiar form. He related a case similar to that of Lady Mordaunt, in which a married lady four or five days after confinement openly declared that she had been guilty of adultery. It may be that this is one peculiar feature of puerperal insanity.

He did not regard the transient insanity which occurs just as the head is being expelled, and of which he had seen at least a dozen cases, as puerperal insanity.

He referred to a case due to lactation in which a woman murdered her children; he thought the anæmia produced by prolonged lactation might favor its occurrence.

Dr. Erich had seen nothing peculiar about puerperal insanity. Only one of his cases terminated fatally; none in permanent insanity. Death was due in the fatal case apparently to meningitis Opium he regarded as injurious. Chloral-hydrate was a remedy of great value. He referred to the case of a patient who had been subject to attacks of insanity, for which it had been deemed necessary to send her to an asylum. Being called to see her in an attack, Dr. Erich ordered 3 ss of the chloral every half hour until she slept; he ordered her to be fed every time she awoke, and to be kept asleep for twenty-four hours, after which bromide of potassium was prescribed in 3 ss doses three times a day. Recovery was complete in three weeks. A relapse and several subsequent attacks (she has been under care three or four years) have been treated in the same manner and with similar results, without the necessity of sending her to an asylum. To feed the patient, and to secure sleep (thereby giving rest to the brain), he deemed the two principal indications.

Opium is sometimes useful in melancholia, by its stimulating effect on the brain; it should not be used in such quantity as to disturb alimentation. Quinine is a good substitute, causing slight hyperæmia; but if it produces sleeplessness, which it is apt to do, it is hurtful. In cerebral anæmia these are the remedies. In cerebral hyperæmia bromide of potassium and chloral are appropriate.

Dr. Cordell had seen but one case of puerperal insanity, which occurred in a mulatto woman, aged 40, some weeks after childbirth. The diagnosis was for some time obscure, the symptoms pointing strongly to typho-malarial fever. Aversion to her husband was a marked

feature of her delirium. The case terminated fatally.

Dr. Arnold had not noticed this relationship in any case. Hemorrhage is exceedingly common, whilst puerperal insanity is comparatively rare. It might bring it on, like other causes, in those predisposed to insanity.

General paresis of the insane is the only form of insanity, which in a number of cases can be referred to the existence of distinct anatomical changes in the brain, but such is not the fact in regard to other species of insanity. This is not remarkable for our present state of knowledge of the physiology of the brain is very unsatisfactory.

Dr. Kemp had had four cases. One died, one still has the attacks, two recovered, in three weeks and fifteen days respectively. Two were of families in which insanity had occurred. One case occurred after delivery, and was brought on by an accident to her husband, which proved fatal. This was the case that died. One case had mammary abscess and phlebitis in the left leg. His treatment in three cases was chloral in the attacks and food in the intervals; in the fourth (that of three weeks standing) the mixture of Graves, of Dublin, was used with decided advantage.

Dr. Neff related a case in which an albuminuric had convulsions before and after delivery; these were followed by coma, and this by delirium, lasting four or five days. She was relieved by bromide of potassium, chloral and digitalis. He attended this patient in her next confinement and nothing unfavorable occurred.

In another case the husband came home intoxicated; in consequence of this the wife had uncontrolable mania, refused nourishment and medicine, was sent to Mt. Hope and there died.

Dr. Erich could only recollect three cases, in none of which was hemorrhage a prominent feature. He did not think it likely hemorrhage had anything to do with it, as acute mania is generally due to congestion.

When the patient resists, the chloral should be given by enema; it acts as promptly thus as by the mouth, and the dose is about the same. It may be given in simple water or milk.

Dr. Arnold said, in asylums the œsophageal tube was used.

Dr. Morris agreed with Dr. Erich. that chloral acted as well by the rectum as by the mouth, and instanced a case of insomnia which had lasted eight or nine nights; opium increased the excitement, but an injection of ʒiv of chloral produced sleep.

He thought the cases of acute mania that terminate in three or four days are due to acute meningitis, and alluded to hyoscyamia as a new remedy said to have a wonderful power in calming patients; 1-120 grain will produce effects.

Dr. Arnold differed with the previous speaker about the relation of mania and meningitis. In the former there is no fever, no strabismus, no convulsions, no hyperæsthesia, no paralysis, no vomiting, no rigidity, and the post-mortem appearances do not indicate the previous existence of the inflammatory process. Patients are perfectly relaxed and exhausted before death takes place. Acute delirium he thought an appropriate name. The ice-cap does no good. Every moment is precious, and we must act promptly; chloral and nourishment must be gotten in in some way.

Dr. Erich referred to the hypodermic use of chloral. He had injected chloral subcutaneously in two cases with fatal results. The end of the syringe employed was corroded. The dose employed was 20 grs. saturated sol.

The highest dose of chloral which he had administered by the mouth was ʒji; ordinarily he gives ʒss, and repeats it in half an hour if it does not produce sleep.

Dr. Kemp had used chloral hyodermically in '73; in the space of three days he gave 12 injections of 30 grains each, with four abscesses as the result.

Dr. Uhler, as a rule, does not give over ʒij of chloral at a dose, but has given as much as ʒi. He prefers to employ bi-carb. sodæ or some other alkali a short time (say one hour) beforehand, so as to ensure its proper decomposition in the blood.

BALTIMORE MEDICAL AND SURGICAL SOCIETY,

MEETING OF 22ND SEPTEMBER.

DISCUSSION ON POST PARTUM HEMORRHAGE.

REPORTED BY GEORGE H. ROHÉ, M. D.

Dr. Aug. F. Erich opened the discussion of the appointed subject, *post-partum hemorrhage*, by calling attention to the interest which the subject must always have for the general practitioner. The occurrence of hemorrhage after delivery is frequently so alarming in character that the life of the patient depends upon quick decision and prompt action.

Under post-partum hemorrhage, Dr. Erich includes all hemorrhages occurring after delivery of the child. These may be divided into *a*, hemorrhage occuring with the uterus contracted, and *b*, with the uterus uncontracted.

Dr. Erich said he should devote more time than is usually given to the consideration of hemorrhages occurring when the uterus is contracted. The possibility of dangerous hemorrhage under this condition did not usually occur to the practitioner who considered a contracted uterus a guarantee of the mother's safety. He regarded this as sufficient excuse for dwelling at some length upon the causes of post-partum hemmorrhage with contracted uterus.

First of these causes demanding notice is *rupture of the uterus*. This is easy of diagnosis. The finger inside of the uterus and counter-pressure on the abdominal walls from without will readily discover any rent in the uterine tissue. Signs of collapse are also present, such as a pale, anxious expression, fluttering pulse, &c. The treatment consists in the hypodermic injection of fluid extract of ergot. To obtain a rapid effect, and avoid danger from abscess, the ergot should be deeply injected. The speaker has never seen an abscess following a hypodermic injection well performed. A good, reliable preparation of ergot is necessary; Squibb's should always be used if obtainable. The fluid extract answers all purposes. Ergotine is not necessary.

Hemorrhage may also occur from *rupture of the cervix*, the uterus being well contracted. The rent is easily detected by the finger. A Sims' or Erich's speculum should be introduced and the bleeding vessel seized with forceps and twisted. If this cannot be done, lint or absorbent cotton, rendered styptic by saturating it with Monsel's solution, should be firmly pressed upon the bleeding point and kept in place by a tampon.

Rupture of the vagina may also give rise to hemorrhage. This accident not rarely occurs in difficult labors, especially in forceps or version cases. E. has ruptured the vagina in removing a large uterine polypus. The treatment is the same as in the condition last mentioned.

Vessels of considerable size are sometimes torn through in *rupture of the perineum*, and give rise to considerable bleeding. The source of the hemorrhage in these instances is directly under the eye, and the treatment is evident; torsion or ligature of the vessels, or if much oozing be present, packing the rent with styptic lint.

The plexus of vessels composing the *bulbs of the vestibule* may be ruptured during labor and give rise to no inconsiderable hemorrhage. This is easily controlled by pressure and styptics.

A pudendal hematocele may form during the progress of a labor and rupture at its termination. On account of the rich vascular anastomosis in the female pelvis, hemorrhage from this source may be very troublesome. The treatment consists in slitting open the tumor, turning out the blood, packing the cavity with styptic lint and applying pressure from without. This soon arrests the bleeding.

In all of these instances, the actual loss of blood may be small and insignificant under ordinary circumstances; but the patient may be so much weakened from previous hemorrhage, that the loss of even a small quantity would be an element of great danger which should be guarded against by all means in the hands of the practitioner.

Intra and sub-peritoneal rupture of a uterine vessel may rapidly cause collapse and death. In the former case, no absolute diagnosis could be made, and even if so, there is no treatment that can be applied, except laparotomy and tying the vessel. Fritsch reports a case in the *Archiv fuer Gynækologie, Bd. 12,*

in which death took place from intra-peritoneal hemorrhage consequent upon rupture of a uterine vein. In sub-peritoneal hemorrhage from this cause, a pelvic hematocele would be formed. No treatment is necessary, unless collapse should call for the employment of stimulants.

The uterus may be contracted to a considerable degree, and yet a vexatious oozing may continue in subjects of *the hemorrhagic diathesis*. Hypodermic injections of ergot may stop the bleeding. If not, mopping the cavity with a styptic, the most effectual being Monsel's solution, is indicated. The clots formed by the iron sometimes undergo decomposition in the uterus and are resorbed, causing septicæmia. This is not likely to occur, however, when the uterus is only mopped out with the sub-sulphate instead of the solution being injected, because the coagula are brought away with the mop. A sponge probang may be saturated with the styptic, carried into the uterus and the whole cavity thoroughly swabbed with it.

In certain, somewhat rare, cases of labor, that portion of the uterus to which the placenta is attached fails to contract, and expel the afterbirth. This condition is due to a fatty degeneration of that portion of the uterine wall, resulting in a paralysis of the muscular tissue. German writers recognize this condition as "*paralysis of the placental site*." Playfair speaks of it as "encystment of the placenta." The paralyzed portion of the uterus fits into the rest of the organ like a piece of soft sole leather. The uterine contraction may force the placental site to bulge outward or inward, forming either a tumor or a depression on the external surface of the uterus. If the placenta is let alone, in these cases, there will be no hemorrhage, and it will gradually undergo fatty degeneration and resorption. If, however, it is already partly detached, it should be at once removed, lest it give rise to troublesome hemorrhage or septicæmia. If the placenta is detached and there is hemorrhage from the site of its attachment, Monsel's solution should be applied with a sponge or other mop.

In cases of *divided placenta*, where one or more of the cotyledons remain behind in the uterus, there may be dangerous hemorrhage. Prof. Wm. T. Lusk has recently reported a fatal case of this kind to the New York Obstetrical Society. The finger introduced into the uterus will readily discover it. The placental fragment should be at once detached, either with the finger nail if that be practicable, or by means of Thomas' vaginal depressor, used as a curette. Properly used, this instrument is perfectly safe, and is certainly most effective for this purpose. In several cases of metrorrhagia of several months standing, from partial retained placenta, E. used it with the happiest effect.

Submucous and intra-mural fibroids, and peritoneal adhesions may prevent entire contraction of the uterus, and thus cause persistent, and in some cases dangerous hemorrhage. In these conditions, the consistent application of styptics is the only therapeutic resource.

Puerperal inversion of the uterus is a rare accident, but when it occurs death may result from hemorrhage before reposition. When partial, the upper portion of the tumor will be found surrounded by a collar or jacket, which is the cervix. This should be dilated by Thomas' dilator, an instrument somewhat resembling a glove-stretcher, and the uterus restored by steady, firm pressure. In a recent case of complete inversion to which the speaker had been called, the uterus was restored by first dilating the cervix from above, the fingers of the left hand forming a cone, and pressing the abdominal wall down into the narrow cup-shaped depression of the cervix. The vaginal tumor was then grasped with the right hand and one horn of the uterus forced back through the cervix. The other horn was then pushed up in the same manner, completing the reduction. In cases where reduction cannot be accomplished, Monsel's solution should be applied.

B. *Hemorrhage from an uncontracted uterus*. Non-contraction of the uterus causing hemorrhage may be due to *retained placenta*. The patient should be anæsthetized, the hand introduced into the uterus and the placenta detached from above. It can be detached much more readily in this way than from below. Expression of the placenta (Crede's method) may also be tried.

The cervix may be closed by clots or the detached placenta, and hemorrhage go on into the uterine cavity. This should be guarded against by the application of the binder which is a good prophylactic measure. When concealed hemorrhage takes place in consequence of occlusion of the cervix, the indication is to introduce the hand, evacuate the contents of the uterus and excite contraction of the organ.

Where the uterus is distended by a second child after the placenta is detached, the indication is to deliver the remaining child as rapidly as possible by version.

Probably the most alarming and most rapidly fatal form of post-partum hemorrhage is due to *uterine inertia.* This may result from exhaustion, paralysis of the uterine nerves, or of the uterine muscular tissue. The uterus is large, soft and flabby, and not easily felt through the abdominal walls. The treatment to be of use must be prompt. One hand should be introduced into the uterus, and counter-pressure made through the abdominal walls with the other hand, and the uterus excited to contraction by friction within. The hand should not be withdrawn from the uterus until expelled by the contractions of the organ. When this alone fails to produce contraction, a piece of ice may be introduced, or hot water injections may be tried. Prof. Penrose claims that he can always arrest post-partum hemorrhage, and induce contraction of the uterus by the introduction of vinegar. A sponge or napkin may be saturated with vinegar and introduced into the uterine cavity. Injections of tincture of iodine may also be tried when other means fail, or at first, if it is at hand. Dr. Erich here related a case in which all the means at his command had failed in inducing contraction. There seemed to be complete paralysis of the uterus, and the patient presented all the symptoms of complete collapse. The patient was almost pulseless, cold, and covered with a profuse cold perspiration. External compression was resorted to by means of Potter's bag,* and the vagina tamponed with Braun's Kolpeurynter In this way the bleeding was arrested, but the excessive perspiration seemed to drain away all the serum of the blood Hypodermic injection of brandy, and ether had very little effect, until a dose of atropia was administered hypodermically. This had the effect of promptly checking the sweating, and the skin soon became warm and dry. The stimulation produced by the atropia was very marked In this case the loss of blood had been so great that the patient did not entirely recover for six months.

In some cases all the means so far recommended fail in arresting the hemorrhage. In these instances faradisation offers another chance for life. A small *Gaiffe* battery, which can be easily carried in the pocket, or in the obstetrical bag, furnishes sufficient power. The electrodes are applied one against the cervix and the other against the inside of the fundus. The contraction is almost instantaneous and painless. When one of the electrodes is applied externally to the abdominal wall, the pain is considerable. As this is unnecessary, the electrode should always be applied to the internal surface of the uterus where there are very few sensory fibres. It is especially in cases where the post-partum hemorrhage may be expected, from its occurrence in previous labors, that the battery should be held ready for use.

Secondary hemorrhage; that is, hemorrhage one or more days after delivery may occur, and, as in a case related by the speaker, prove fatal. In this case the hemorrhage occurred on the eleventh day after labor.

There are certain premonitory symptoms of post-partum hemorrhage which call for the employment of prophylactic measures. These symptoms are stated by Whittle and Engelmann to be sharp and strong labor pains, of short duration, beginning and ending suddenly, with a long interval in comparison to the duration of the pains. In cases where pains of this character are noticed, and in such where there is a hemorrhagic predisposition, prophylactic measures should be adopted. Of medicines we have iron, quinine and strychnia. A combination of these three when given for several weeks before the confinement is especially effective. A well-applied bind-

*Potter's bag is a flat, soft-rubber bag, which is placed on the abdomen over the uterus, and a binder firmly applied. The bag is then inflated with air, and thus a considerable amount of compression may be produced.—*Rep.*

er is an excellent means to convert a concealed into an open hemorrhage and to limit the extent of the hemorrhage by preventing excessive distention of the uterus. When the head of the child has passed the perineum, a hypodermic injection of fluid extract of ergot should be given in all cases. The reflex effect of nursing in inducing contractions of the uterus is well known and should be availed of. The speaker rapidly reviewed the means in our hands for controlling post-partum hemorrhage, and mentioned several, only to advise against their use. These are injections of tincture of iron and the inflation of an intra-uterine air bag.

The treatment of hemorrhage from a a non-contracted uterus may be briefly summed up as follows:

Hypodermic injection of ergot. A good fluid extract is the best and most available preparation. When deeply injected there is no danger of abscess following.

Friction with the closed hand in the uterus and counter-pressure from without. When an assistant is at hand, compression of the abdominal aorta and vena cava may be used in addition to the intra-uterine pressure and counter-pressure. A lump of ice may be carried into the uterus to stimulate contraction. When these fail, intra-uterine injections of hot water, vinegar, or tincture of iodine. Swabbing with a sponge saturated with Monsel's solution or vinegar. A lemon, split, turned inside out, and carried into the uterus or finally, hypodermic injections of ether.

When all these remain without effect, faradisation gives best promise of success. In cases of uterine paralysis, Potter's bag and Braun's Kolpeurynter should be tried.

The acute anemia produced by profuse hemorrhage demands prompt and active treatment. The most ready means is auto-transfusion. The pillows should be removed from under the patient's head and the lower part of the body elevated. The foot of the bed should be raised and kept there until danger from syncope is past. The legs, thighs and arms may be tightly bandaged with a flannel or muslin bandage, to force the blood out of the extremities and into the rest of the body, especially the brain, where it is so much needed. Esmarch's bandage is not recommended. Atropia, morphia and brandy hypodermically are the best stimulants in collapse. Atropia is especially useful from its property in promptly arresting the excessive sweating. Transfusion of blood or milk offers a last chance for life in great collapse. Attention was called to the defects of Aveling's apparatus for immediate transfusion. Sufficient assistance could not be obtained to carry it out successfully. E. has devised a simple apparatus for mediate transfusion, in which the defects of Aveling's instrument are completely overcome. Transfusion must always, however, remain a last resort on account of the difficulties of successfully performing it.

Dr. Morris, in an emphatic manner, deprecated the importance with which Dr. Erich had invested the subject of post-partum hemorrhage. He (Dr. Morris), had been in practice above 35 years, had seen over two thousand cases of labor in that time, and had not more than half-a-dozen cases of alarming hemorrhage. He had seen only a single case of rupture of the uterus, and in this case there had been no hemorrhage. He would also protest as strongly as possible against the use of the curette for the purpose for which it was advised by Dr. Erich. He regarded it as a dangerous and unwise instrument to use. The placenta could in all cases be detached with the finger. The curette could never be necessary. He had always protested against its use, and believed he should continue so protesting whenever opportunity offered.

The battery, Dr. Morris also considered a useless incumbrance. It was a mere plaything: good enough to carry around for the purpose of impressing people; but of no practical value whatever.

Dr. Erich, in reply to Dr. Morris, said he had mentioned all the possible sources of post-partum hemorrhage that had occurred to him, because there seemed to be a general impression current among the members of the profession, that when the uterus was contracted hemorrhage could not occur. He would repeat, that contraction of the uterus alone was not sufficient guarantee of the safety of the patient. All the causes he had mentioned, might become

the sources of dangerous hemorrhage. He referred to cases where the uterus was well contracted and yet the patients bled to death from retained fractions of of the placenta. It was in cases of this kind that the dull curette proved so valuable. Regarding Dr. Morris' strictures upon the use of this instrument, he (Dr. Erich) would say that he condemned it as strongly as Dr. Morris did, if it were used in an improper way. The instrument consists of a triangular loop of stout steel wire. It is introduced into the uterus upon the index finger, the tip of the finger being pressed into the fenestrum. In this way the curette acts simply as a curved finger nail would act, and this is the only way in which the instrument should be used. To introduce it into the uterus without the finger as a guide, and to rake and scrape at random is dangerous and unsurgical, and could be countenanced by no one.

Contrary to the statement of Dr. Morris, the battery was really a very valuable instrument. Dr. Erich related a case, where he was sure life had been saved by it. He always carried it when called to a case of obstetrics, and always had it in readiness in such cases where his previous experience led him to expect hemorrhage.

Dr. Monmonier confirmed the statements relative to the effect of the Gaiffe battery, the one recommend by Dr. Erich. He had used the same battery with entire satisfaction for a number of years. It would always produce strong contractions of the voluntary muscles, and hence, he thought, should act likewise upon involuntary muscular structure, such as the uterus was composed of.

REVIEWS & BOOK NOTICES

NOTES FROM CURRENT MEDICAL LITERATURE.

Transactions of the Medical Association of Georgia. Thirty-first annual session held at Augusta, April 21, 22 and 23, 1880. J. P. Harrison & Co., Printers, Atlanta, Ga. This volume opens with proceedings of the association. Next follows the President's address, delivered by Dr. J. A. Eve, of Augusta. The annual oration was delivered by Dr. W. S. Kendrick, of Atlanta. Dr. Robert Battey, of Rome, contributes a paper on "Scrofulous Disease of Joints Complicating Phthisis." "A report of forty-two cases of Uncomplicated Stricture of the Urethra, and some Remarks upon the Treatment," is the title of a paper by Dr. W. S. Armstrong, of Atlanta. "Organic Affinity—Vital Selection" is the title of a paper by Dr. L. D. Ford, of Augusta. Dr J. C. LeHardy, of Savannah, contributes a lengthy paper on "National Sanitation"

A case of "Double Ovariotomy" is reported by Dr. P. L. Hilman, of Albany. The volume contains a number of other papers. This State Society is well sustained by the profession in Georgia.

The "Indications for Treatment in Fractures at the Elbow" is the title of a reprint from the Annals of the Anatomical and Surgical Society, sent to us with the compliments of the author, Dr. L. A. Pilcher, of Brookiyn.

"Myopia in its Various Phases," by J. J. Chisolm, M D., of Baltimore, is a reprint from the September number of the *Virginia Medical Monthly*, now on our table. The author discusses this subject in his usual clear and practical style. The pamphlet is worthy of careful reading, as it presents many facts frequently overlooked by the general practitioner which, if timely considered, would prevent an increase of myopia among school children. That this disease may be hygienical treated is very clearly shown by the author of this pamphlet.

"Anæsthesia by Ethyl Bromide" is a pamphlet sent to us by Dr. Augustus Wilson, of Philadelphia. This paper presents a summary of facts, known up to the date of writing, in regard to the anæsthetic use of the ethyl bromide.

Rocky Mountain Medical Review, a monthly journal of scientific medicine and general science, is the title of a new publication edited by Dr. A. W. Adams, of Colorado Springs, Col. The first number of this journal is a most creditable one, and does full justice to the profession in Colorado. We wish this publication great success.

BOOK NOTICES.

Therapeutics.—Translated by D. F. Lincoln, M. D., from the Materia Medica and Therapeutics of A. Trosseau, M. D , Professor of Therapeutics of the Faculty of Medicine of Paris, Physician to l'Hotel Dieu, etc., etc. H. Piddoux, Member of the Academy of Medicine, etc., etc., and Constantine Paul, M. D., Adjunct Professor of the Faculty of Paris, Physician to the St. Antoine Hospital, etc. Ninth French Edition, Revised and Edited. Vol. 1 and 2. New York: William Wood & Co.

This work on Therapeutics makes two volumes of "Wood's Library of Standard Medical Authors." Its appearance in this series enables the physician to obtain a work but little known, except in its original language, at a very moderate cost. The work possesses many excellent advantages. It is not a systematic treatise, but rather a dissertation upon various articles of the Materia Medica, with special reference to their Therapeutic application. Its author offers a a large personal experience, and his views upon many subjects are such as have been confirmed by the profession at large. The work is entitled to consideration, and in view of its nominal cost is well worthy of a position in every library.

American Newspaper Directory.—New York: published by G. P. Rowell & Co.

This work is of no special value to the physician, but to all journalists it is of decided merit. It is a newspaper directory in the proper sense of this word, as it contains an accurate list of every newspaper and periodical published in the United States and Canada. It is a volume containing over one thousand pages of matter collected with great care and expense.

Diseases of the Throat and Nose.—By Morell Mackenzie, M. D., London, Senior Physician to the Hospital for Diseases of the Throat and Chest; Lecturer on Diseases of the Throat at the London Hospital Medical College, etc. Vol. 1, Diseases of the Pharynx, Larynx and Trachea. Published by Presley Blackiston, Philadelphia, 1880; and Wm. Wood & Co., New York. .

Dr. Mackenzie is so well known in this country that his books attract immediate attention Perhaps few men have enjoyed finer advantages for clinical study in this department of medicine. His experience, both in hospital and private practice, extends over a period of twenty years. His methods of study have been accurate, thus making his recorded experience of special value in the preparation of a treatise in which the clinical history and treatment of cases are noted with care. This volume is the first of a series which will include the consideration of affections of the pharynx, larynx, trachea, œsophagus, nasal cavities and neck. The entire work, when completed, will be perhaps the most valuable treatise upon these subjects which has been published in the English language.

The Pathology, Diagnosis and Treatment of Diseases of Women, including the Diagnosis of Pregnancy.—By Graily Hewitt, M. D., Lond. F. R. C. P. Third American, from the third London Edition, revised and enlarged. With one hundred and thirty illustrations. Philadelphia: Lindsay & Blackiston, 1880.

This volume is so well known to the profession in this country, that a lengthy notice is not required. Its many striking points are attested by the fact that as many as three editions have been issued in America and in Europe. Dr. Hewitt's writings are characterized by great force and clearness. His views are drawn from his large experience, and are marked for independence and originality. He is not slow to give credit to the opinions of other teachers in gynecological science when they are confirmed by his own observations, but attacks with boldness, doctrines which to his mind are non-conclusive and misleading. This volume is arranged upon a different plan from most text books upon Diseases of Women. The subject matter is not presented in a definite

system of classification, but such subjects as are of more importance in the author's estimation are discussed to greater or less extent, according to individual bias. This book has recently been revised and enlarged by new suggestions and advanced opinions. Its clinical teachings have been modified to conform to the most recent views in practice. Exceptions will be taken by many to some of Dr. Hewitt's peculiar views upon pathology and treatment, but the fair minded thinker will give him credit for his sincerity and courage in defending his convictions.

The American Public Health Association will hold its eighth annual meeting in New Orleans, commencing Tuesday, December 7th, 1880, and ending Friday, December 10th, 1880.

Papers will be presented on Abattoirs, Epidemics, Life Insurance in its relation to Public Health, The Storm-water question in City Sewerage, The Sanitary Engineering problems of the Mississippi River, The Hygiene of Emigrant Ships, The Prevention of Venereal Diseases, Voluntary Sanitary Associations, etc., etc.

The special questions suggested for discussion at this meeting, in addition to those connected with the papers above referred to, relate to methods of preventing the spread within a town or city—after they have once been introduced—of such contagious or spreading diseases as Diphtheria, Scarlet Fever, Yellow Fever, Measles, Small Pox, etc., and are as follows:

A.—What are the best means of securing prompt and reliable information as to the presence and location of cases of such disease?

B.—What are the best means of securing isolation of the first or of single cases of such diseases, and what are the chief difficulties in securing such isolation?

C.—Under what circumstances is it proper to declare such diseases epidemic in a place?

D.—Under what circumstances is it proper to recommend the closure of schools on account of the prevalence of such diseases?

E.—What precautions should be taken at the termination of each case as to—

a.—Care and disposal of the dead?

b.—Disinfection and cleansing of the room and house?

c.—Period of time at which it is safe to allow the convalescent to return to school or society?

Brief practical papers upon any or all of these points are earnestly requested, and it is hoped that those attending the meetings will come prepared to give the results of their experience upon the questions, and to make positive recommendations.

Gentlemen who propose to present papers at this meeting are respectfully requested to notify the President or Secretary of their intentions and of the title of their papers, in order that they may be assigned a proper place in the programme.

By order of the Executive Committee, [Signed]

John S. Billings, M. D., *Pres.*

E. H. Janes, M. D., *Sec.*

Dr. Joseph H. Warren, of Boston, has been grandly received in London. After reading a paper before the Royal College of Surgeons, he was not only fêted by several members of the profession, but was given a reception by the editors and publishers of the *Lancet*. His new work on *Hernia* is nearly out of the printer's hands. Sir Henry Thompson has accepted the dedication. It will be issued in London—and simultaneously in this country, by Mr. Charles N. Thomas, of this city,—solely to subscribers. As a whole, the work promises to be of great value and attractiveness.—*Med. Library Journal.*

MARYLAND MEDICAL JOURNAL

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BALTIMORE, OCTOBER 15, 1880.

EDITORIAL.

THE LIBRARY OF THE SURGEON GENERAL'S OFFICE.—This Library, located on 10th street between E and F, Washington, D. C., is a vast store house of medical knowledge. With consummate skill and management, over one hundred thousand volumes of medical and scientific works have been collected and filed in this library. These volumes are arranged with such perfect order and system, that within a few moments any one may be secured by the librarian, and is made ready for immediate use. No time is lost in searching through dusty shelves for any information desired, but by a few moments reference to a catalogue, provided by the librarian, the title of a book, its date of publication, number and volume are given. Recently an *Index Catalogue* has been issued by the War Department, compiled under the direction of Dr. J. S. Billings. This catalogue will be complete in about ten volumes. The magnitude of this work may be appreciated when it is understood that volume I, of some nine hundred pages, includes only the letter A. to Berlinski. Congress appropriated $20,000 for the preparation of the first two volumes; but this appropriation is entirely inadequate to complete the work, and additional aid must be rendered by the Government. This *Index Catalogue* includes not only the names of authors, but titles of original articles in books, medical journals and transactions contained in the library. It will thus appear that its value is immense to every student of medical sciences who may have occasion to make use of the library. Only a limited number of the *Index Catalogue* has been published, but is understood that copies may be obtained from the Government printing office by enclosing two dollars for each volume. It frequently happens that the writer of an original article has occasion to refer to authorities which can only be found in the library of the Surgeon General's office. It becomes a matter of necessity to visit Washington to secure the information desired, unless this catalogue is at his command. By reference to the catalogue it may be ascertained whether a desired volume can be found in the library, and also the character of the various publications bearing upon a given subject. By a most admirable arrangement at the library access to books desired for temporary reference may be obtained under a reasonable guarantee of their return by the reader, by the following handy method: A letter should be addressed to the librarian, giving the titles of books and authors, and a guarantee of their return. The books designated—if not otherwise in use—will be forwarded and deposited in some adjacent library, where they can be examined. It will be observed that this plan will only work in cities containing large public libraries, where books are carefully guarded. However, it will often prove of great convenience to writers living at a distance from Washington. Whenever it is possible to visit the library in person, it will be found provided with conveniences for writing, and with accomodating and intelligent officers willing to render any reasonable assistance. The great growth of medical literature, past and present, makes a library of this character an absolute necessity. The Government has liberally provided for its support; but it should be the pleasure and duty of every physician to contribute books, periodicals and transactions to an institution which guards with jealous care every donation made to it. The management of this library should be a model for the government of similar institutions throughout the country. Every city, and even many small villages, can boast of one or more libraries containing a few hundred, or perhaps a few thousand, volumes; but as a rule, these books are kept with such indif-

ferent care, that they are almost worthless for the purposes for which they are designed. As an illustration, we have in our city a library, the property of the Medical and Chirurgical Faculty of Maryland, which contains between 2,000 and 3,000 volumes, many of them of rare value; but these books are kept in such poor order that they are almost inaccessible to any one desiring them for reference. Two or three hours may be consumed in a search for a book without being able to secure it. This condition of the library destroys its usefulness in great measure, and absolutely prevents its growth. Such a condition of things should not be allowed to exist. When once order and system enter into the management of a library its growth and usefulness are assured. We can not commend in too high praise the excellent and judicious management of the library of the Surgeon General's office. We commend it to such of our readers as may have occasion to work among books and periodicals.

THE LOCAL MEDICAL SOCIETIES OF BALTIMORE have resumed their usual winter meetings with every indication of increased interest and usefulness. At no time in the history of this city has the medical profession been more thoroughly organized and stimulated to work than at the present time. This winter promises to be one of marked activity and progress in our professional circles. At the very beginning a good start has been made by the local societies, which, in a great measure, foreshadow coming events, and indicate the beat of the professional pulse. It is safe to predict, thus early, that a large number of new members will be added to these different societies, and a corresponding increase in the number of attendants upon their meetings. Society work, when properly performed, is of great advantage to its membership. It develops latent energies in men not easily reached through other channels. It organizes a healthy activity of thought and purpose in the development of scientific inquiry. It stimulates the preparation of original papers reports of cases, and a certain amount of reading for participation in debates. Independent of the direct advantages which result to science from a well organized and efficient body of medical workers, as may so often be observed in a medical society, the indirect benefits which result from the purely social relations between different members are well worthy of encouragement. A profession, in one sense, is a trade. Many of its relations are subject to the influences which affect every department of human industry. There is the same grasp for preferment and gain, the same struggle for a supremacy so often observed between other rival interests. Unless proper checks are applied this eager grasp becomes a ruling motive, and sooner or later degrades even a learned man's relations to a debasing level. The rules which govern gentlemen, no doubt, are ever in force, but all men are not gentlemen, unless made so by constant intercourse with higher and better influences.

BALTIMORE'S SESQUI-CENTENNIAL.—As we go to press our city is alive with excitement and glee. At no time in her history has she witnessed a more imposing and handsome demonstration. The occasion is one which will long be remembered for its magnitude and grandeur. Without an exception it is the most successful celebration of its character ever held in America. Some idea may be formed of its extent when one is told that the industrial parade on Monday, the 11th, was fifteen miles in length and occupied five and a-quarter hours in passing a given point. The parade on Tuesday was over seven miles in length. It is estimated that over one hundred thousand visitors are now in the city. Notwithstanding the excitement and confusion among masses of people crowding the streets, no accidents have occurred and the most orderly conduct prevails. Great credit is due the city for her enterprise and liberality in making this celebration so worthy of the respect and admiration of all who have witnessed it or may read about it. The part which the medical profession assumed in this celebration is worthy of notice. It was mentioned in the last number of this journal that historical sketches would be delivered by gentlemen appointed by the President of the State Faculty. Though only two weeks were allowed to prepare these sketches, the duty was undertaken by

gentlemen interested in making them worthy of such an occasion. On Wednesday, October 13th, at 8 P. M., a number of members of the State Faculty met at the Library Hall to hear the following addresses read: Surgeons of Baltimore and their Achievements, by Dr. B. B. Browne; Physicians of Baltimore: What Have They Done? by Dr. J. R. Quinan; Medical Societies of Baltimore, by Dr. G. Lane Taneyhill; Medical Journalism in Baltimore, by Dr. T. A. Ashby; Sketch of Medical Schools in Baltimore, by Dr. E. F. Cordell. These sketches were, for the most part, historical, and considering the short time allowed for their preparation, were fair reviews of work accomplished by medical men in Baltimore from her earliest history to the present day. By a resolution of the Faculty, they were referred back to their authors to allow more time for elaboration and revision previous to their publication in the annual transactions. It was clearly shown by these historical reviews that Baltimore has no cause to feel ashamed of the progress of medical thought and work by her physicians. In a subsequent number we hope to present to our readers a general outline of the work compassed by these addresses, and to establish the claim of Baltimore as the home of vigorous thought and intelligent endeavor in the past as well as present. From motives of modesty or views of conservatism our medical men have avoided a display of their talents as medical workers and practitioners. We believe these feelings are being overcome, and the future will show that our city, in this respect, will take her place side by side with her sister cities that take just pride in their success as active workers and equally industrious blowers.

MISCELLANY.

Change in School Terms.—Bellevue Hospital Medical College and the College of Physicians and Surgeons, N. Y., have each lengthened their winter course. The former school lectures began September 15th, and will end about the middle of March. The latter began October 1st and will end about April 1st.

Lithotrity at a Single Sitting—Sir Henry Thompson, during the past eighteen months, has operated in fifty-four cases of stone in the bladder of the male adult. On forty-six of these by the method of one sitting; on two others by multiple sittings, and on six by lateral lithotomy. Among these 54 cases there were three deaths; two in cases of lithotrity by one sitting, and one after lithotomy.

A Resolution.—At the annual meeting of the Medical Society of Richmond County, N, Y., held July 7th, 1880, the following resolution was unanimously adopted:

Whereas, "Dr. H. G. Piffard, at the meeting of the American Medical Association on June 4th, 1880, offered a resolution impeaching the standing of the Richmond County Medical Society, on account of the alleged former irregularity of one of its members; and whereas, this Society is in possession, after careful inquiry, of evidence showing that the member referred to has been recognized as in regular professional repute since his graduation, and that his position in this respect was known to Dr. Piffard at least as long ago as in 1869;" therefore

Resolved, "That the above mentioned resolution offered by Dr. H. G. Piffard, must have been known by him to be utterly invalid as regards the standing of the Richmond County Medical Society, and could only have been prompted by an intent to injure the character of a physician whose record has been before the profession for many years."

"That a copy of this resolution be forwarded by the Secretary to the principal medical journals.

W. C. W. Alser, M. D., *Sec.*

Bromide of Ethyl in Epilepsy.—M. D'Olier, in the names of Bourneville and himself, communicated to the Société de Biologie (Gaz. Hebdomodaire, Aôut 6, 1880) the results of researches pursued during two months

on the action of bromide of ethyl in hysteria and epilepsy. 1st. In the cases of hysterical patients the attacks have been almost constantly suppressed when the drug was administered at the beginning of the attack. 2nd. In cases of epilepsy the attack being at the tonic period, the action of bromide of ethyl was manifested in some cases by the cessation of the convulsions and the production of a complete muscular resolution; the attacks have often appeared to diminish in intensity and duration, sometimes the effect has not been appreciable.—*Amer. Journal Medical Sciences.*

Burns and Frostbites.—Dr. H. G. Boyland in discussing this subject, classifies burns under three heads by a difference in degree: 1st. Inflammation without exudation under the epidermis. 2d. With exudation, blisters, etc. 3d. Death of the parts, gangrene. Frostbite is said to admit of an identical classification and the progress of of the affection is regarded as almost precisely the same, although the processes brought about by burning are more of an acute and active character, while those caused by freezing are more torpid. Attention is also called to the fact that the most intense effect of cold upon the general system (frost asphyxia) is doubtless due to the same direct cause as sunstroke, namely, congestion of the brain.

Dr. Boyland makes his treatment consistent with his pathology, treating both affections at first by cold. He gives bicarbonate of soda its proper place, however, as practically the best dressing for all ordinary burns.—*Med. and Surg. Reporter.*

New Books Received.—"Nasal Catarrh." By Beverley Robinson, A. M., M. D., Lecturer upon Clinical Medicine at the Bellevue Hospital Medical College, N. Y. Wm. Wood & Co., Publishers, New York, 1880. For sale by Henry Fleetwood, Balto.

"Diseases of the Pharynx, Larynx and Trachea." By Morell Mackenzie, M. D., London. Wood's Library of Standard Medical Authors Published by Wm. Wood & Co., New York City, 1880. For sale by Henry Fleetwood, Baltimore.

"A Treatise on Diseases of the Eye." By J. Soelberg Wells. New Edition. Published by Henry C. Lea & Co., Philadelphia.

"Slight Ailments, their Nature and Treatment." By Lionel S. Beale, M. B., F. R. S., Fellow of the Royal College of Physicians. Presley Blackiston, Philadelphia, 1880. pp. 346. Price $1.50.

Treatment of Prolapsus Ani in Children.—Dr Basevi (*Giornale Internazionalle delle Scienze Mediche*, Fasc. 9) employs the following treatment in chronic cases of this affection. He first cauterizes lightly the protruding portion with nitrate of silver and then reduces it, administering afterward, with the view of checking any tendency to enteritis, an enema of tannic acid, alum, and ice-cold water. Should this treatment prove insufficient, the child is placed on a bed with the nates upward, and steadied by two assistants, one of whom fixes the upper part of the body while the other holds the knees elevated and somewhat abducted. The prolapsus having been reduced, the nates are brought together, and two strips of diachylon plaster, each about two inches wide, are passed from one trochanter to the other in as close proximity as possible to the perinæum. To keep them in place, a spica bandage is applied around the lower portion of the body, and a piece of gutta percha is added to protect the plaster from the contact of fæcal matter. The apparatus may be left in position for two weeks.—*London Medical Record.*

Paracentesis of the Pericardium.—Dr. Kummell, of Berlin, relates, in *Berliner Klinische Wochenschrift*, 23, 1880, and *Med. Rec.*, July, 1880, the history of two cases in which this op-

eration was performed. In the first a young man was suffering from acute rheumatism, with considerable pericardial effusion, The dyspnœa was extreme, and in order to relieve this symptom paracentesis of the sac was decided upon. The needle of an aspirator was passed in at the fourth intercostal space, and about two ounces of blood-stained fluid were removed. The dyspnœa ceased almost immediately, there was no recurrence of the effusion, and the patient recovered rapidly. In the second case the patient was aged fifty, very anæmic, and emaciated. There was effusion into the left pleura and into the pericardium On the sixth day of treatment the pericardium was aspirated, and thirteen and a-half ounces of clear fluid were removed. The relief was immense, but in two days it was found necessary to repeat the operation. Fifteen ounces were removed, but the patient died on the fourth day, the fluid having rapidly reaccumulated. At the post-mortem examination thirty ounces of fluid were found in the sac The wounds made by the needle had healed, and no trace of inflammation could be found in the course of that instrument. Kummell recommends that a preliminary puncture should be made with a Pravaz syringe, which can be done without danger. The puncture should be made about two inches from the left margin of the sternum, in one of the spaces between the cartilages of the fourth and seventh ribs. The puncture is best made with a hollow needle, of the diameter of about one-twelfth of an inch.—*Med. and Surg. Reporter.*

Dr. Stuart Eldridge, Gen. Hospital, Yokohama, Japan, calls the attention of the profession to the great advantages of asbestos roofing felt as a material for plastic splints and other molded apparatus. In a brief statement he gives the qualities in which it excels those now in vogue. 1. It is rendered perfectly soft and flexible by brief immersion in water of a temperature easily borne by the hand. 2. It retains its plasticity long enough to allow of careful adaptation, while its stiffness is instantly restored by a dash of cold water 3. While soft it does not change dimensions, so often the case with gutta percha. 4. It remains unchanged after indefinite exposure to the heat and moisture of the body, nor is it affected by any of the ordinary lotions applied in cases of wound or fracture. 5. It is perfectly antiseptic on account of the coal tar with which it is saturated, a quality which would of itself commend its use in compound fracture. 6. It is so cheap that its cost is hardly worth mentioning even in large institutions.—*N. Y. Med Record.*

The Harm Tanner's Fast has done is thus depicted by a Frenchman: "This prodigious fast will not fill the stomachs of the starving. There is no need to make such experiments; the wretched make them every winter. Dr. Tanner has done the poor a great deal of harm. The familiar appeal, 'My God, sir, pity me; I've eaten nothing for two days,' will never more have any effect on us."—*American Practitioner.*

Barber-surgeons.—Paul Broca, who was a capital *raconteur*, told the following anecdote of himself. He was in Seville, and wishing to be shaved he applied to a barber whom he chanced to know. After the conclusion of the operation the barber declined to accept any pay on the ground that confrères should not accept fees of one another.—*Ibid.*

Lady Hariet Scott Bentick has given $20,000 to the International Hospital at Naples, in order to enable the committee to buy or build premises of their own. It is among the conditions of this gift that an English-speaking physician and an English nurse be always kept at the hospital. —*Ibid.*

Poetry and Maternal Impressions.—A Maryland physician, according to the *Dublin Medical Journal*, has reported a case of maternal impression which leaves all ordinary cases far behind. A lady, during pregnancy, carried with her a pocket edition of Moore's poetical works, which she read almost constantly. Her child, at three years of age, exhibited a most wonderful gift of putting sentences into rhyme—in fact, naturally expressed his little ideas and thoughts in flowing measure Blame not the bard, says the *British Medical Journal*, but a case like this shows how important is a well assorted library to a gravid uterus.—*Ibid.*

Dr. Bulkley will give a fourth course of lectures on Diseases of the Skin, in the Pathological Amphitheatre of the New York Hospital, 7 west 15th street, Wednesday afternoons, from 2 30 to 3 30 o'clock, commencing Wednesday, October 6th, 1880. The Lectures will be didactic and clinical in character, going over the entire subject of Diseases of the Skin, (including syphilis) and will be freely illustrated by colored plates, photographs, life-sized models, the blackboard, and abundant clinical material. The pathology, differential diagnosis, and treatment of Diseases of the Skin will be specially considered.

The course will consist of twenty-four lectures and will be FREE to practitioners of medicine and medical students.

Local Items.—Drs. J. H. Hartman and Wm. Lee have returned from summer tours spent in Europe. . . Dr. W. T. Councilman will sail for Europe, November 11th, to be absent two years. . . The two medical schools in this city have matriculated large classes of students. . . The medical societies of Baltimore have resumed their usual winter meetings. . . The Maryland University Hospital and University Building on Greene and Lombard streets, have been handsomely repaired and improved. A number of new rooms for the accomodation of private patients have been made out of the wards in the second story of the hospital. The building has been handsomely refurnished. Its accomodations are in every respect first class. Physicians having patients requiring special treatment can not do better than by recommending them to this institution. . . At the annual meeting of the Clinical Society, held Friday, October 1st, the following officers were elected for the ensuing year: President, Dr. T. S. Latimer; Vice-President, Dr. J. E Michael; Recording Secretary, Dr. W. F. Lockwood; Corresponding Secretary and Treasurer, Dr. T. A Ashby; Reporting Secretary, Dr. E. F. Cordell; Executive Committee, Drs. I. E. Atkinson, O. J. Coskery and B. B. Browne.

The Needs of Veterinary Medicine.—In an address delivered by Dr. E S. Bates, at the opening of the Columbia Veterinary College, in this city, the following statements were made: In the whole United States there are not enough educated veterinarians to supply even one to each large city, to say nothing of the country districts. From every part of the country he, as dean of the college, had received letters asking for good veterinary surgeons, and saying that there were none within 50 miles, none within 100 miles, or none within the State. The graduates of the Columbia Veterinary College had, without exception, secured at once lucrative practices, with incomes amounting even in the first year or two to $2,000, and over. The same was doubtless true of other college graduates. The total value of the stock of the country is estimated at $2,000,000,000. Yet the diseases which so often depreciate the value of this stock are for the most part in the hands of uneducated men.—*Medical Record.*

Treatment of Goiter.—Dr. Stevens, of Quebec, reports seven cases of goiter cured by the chloride of ammonium. Six were girls under twenty years of age, and one a married woman aged forty. The dose given was ten grains three times a day, the tumors entirely disappearing at the end of three months.

A Large Calculus was removed from a patient in the Massachusetts General Hospital, by Dr. Bigelow, a short time ago. Its dimensions were 3¾x3½x3 inches, and it weighed 6,166 grains (about three quarters of pound). The stone was less than three years old, as the patient had been examined at that time. He had been able to work until three months before the operation. Dr. Bigelow at first tried crushing, but after working half an hour he had evacuated only 476 grains. The stone was very hard, and, furthermore, was too large to be grasped by the lithotrite. It was therefore decided to cut. Even then extraction was very difficult, as the patient's pelvis was small and the stone was adherent to the side of the bladder. At last, however, by using Fergusson's lion forceps, and by strongly pressing it down from above the pelvis, it was removed. The patient was much exhausted, but at the time of report, the third day after operation, he had no fever, and was doing well.—*Boston Medical and Surgical Journal.*

Laceration of the Cervix a Cause of Post-Partum Hæmorrhage.—Dr. N. B. Crawford, of Eureka, Illinois, informs us that he has rarely observed post-partum hæmorrhage of venous blood, such as would flow from the uterine sinuses, and that in his observations the hæmorrhage has generally been arterial. This leads him by inference to the differential diagnosis between post-partum hæmorrhage from the venous sinuses, and post-partum hæmorrhage from the ruptured arteries surrounding the cervix in laceration of the cervix. He states that he has repeatedly noted very profuse arterial post-partum arterial hæmorrhage in cases which subsequently proved to be extensive lacerations of the cervix. The distinction is undoubtedly a sound one.—*Med. Review.*

Color-Blindness in the Profession.—At a recent meeting of the British Medical Association seven hundred members were examined on this point: twelve were completely color-blind, six red-blind, and six green-blind, and two were incompletely color-blind, one red and one green,—in all, fourteen. Of four others who were not color blind it may be said that their chromatic sense was feeble. A large number who presented themselves for examination expressed a belief that they were color-blind whose color-sense was yet found on examination to be normal.—*Med. Times.*

The Teaching of Obstetrics.—In a discourse on this subject before the British Medical Association (*Brit. Med. Jour.*, vol. ii., 1880, p. 375), Dr. Macnaughton Jones stated the three following propositions: 1. The efficient teaching of an obstetric class cannot be effected in a course of less than one hundred lessons. 2. An attendance on at least twenty cases of labor should be required of the candidate before he is permitted to present himself for his final examination, these cases to be attended in some recognized hospital or maternity or under the supervision of a recognized teacher. 3. The candidate should be required to produce proof by notes of cases or otherwise, that he has attended in the wards or exterior department of a hospital a given number of uterine cases.—*Ibid.*

MARYLAND MEDICAL JOURNAL,

PUBLISHED ON 1st AND 15th OF EACH MONTH.

THOMAS A. ASHBY, M. D., Editor.

WHOLE NO. 49. BALTIMORE, NOVEMBER 1, 1880. VOL. VII, NO. 13.

ORIGINAL COMMUNICATIONS.

CLINICAL LECTURE.

PLEURISY, PNEUMONIA; DISEASE OF THE HEART.

BY AUSTIN FLINT, M. D.

Professor of Principles and Practice of Medicine in Bellevue Hospital Medical College.

(*Reported Phonographically for the Maryland Med. Journal.*)

Gentlemen:—I have selected several cases to-day for our clinical study, and I can say what I have said in my previous lectures this Spring that the cases are new to me. With one exception I have not seen the cases that I will bring before you to-day. It shall not be the case hereafter, because I go on duty to-morrow, though perhaps with reference to our clinical study it is not a disadvantage.

I shall first ask your attention to this patient. He gives the following history: His name is William G., forty-two years of age, a laborer, and a native of England He was admitted into the hospital yesterday. The family history is unimportant. He had yellow fever sometime ago; with this exception he has enjoyed good health. Two weeks ago he slept on the dock all night The next morning he felt chilly. He had a pain under the free borders of the ribs on the left side. Soon after he began to cough, with a scanty expectoration, and soreness over the chest on the left side. He also passed some blood with his stools. On his admission he still complained of pain in the left side, with soreness of the chest, and with cough.

Well, let us stop here, gentlemen, and see, with these facts before us, what we are to look for We should not form an opinion from an insufficient number of data. That is an important practical precept to bear in mind with reference to diagnosis, and I think it is not rare for the rule to be violated. We see a patient, we get a certain number of facts from his history, we form an opinion at once prematurely. Well now, the disadvantage of that is this: As soon as we have formed a conclusion we are on the ground of a party who is endeavoring to sustain that conclusion by further facts which may be brought out and that not infrequently leads to error of diagnosis. It is therefore an important precept that we should wait until we get all the facts before we bring our minds to any conclusion as to the diagnosis. Still, of course, when we get the facts out to a certain extent we form an idea what we are to seek for; not to form an opinion as to what exists, but what we are to look for

Well now, here we have an exposure, a lying out of doors, perhaps under the influence of alcohol. It is to be suspect-

ed certainly. It is not likely a man would lie out of doors all night for the mere pleasure of the thing, and it is not a necessity, because a person can get in doors somewhere, so that I think it is fair that he had been taking a little something—he tells me he had. After that exposure, the next morning he finds he has a pain in the left side, and soreness, and some cough. Well, this pain following that exposure and this soreness bring before our mind especially two things, pneumonia, pleurisy. How about the two, looking only at the symptoms that are brought out. A patient with pneumonia is obliged generally to take the bed, but not always We occasionally meet with pneumonia in the second stage in dispensary practice. A patient came to see me last week who had ridden two or three miles the preceding day, thinking that the ride perhaps would enable her (she was a young woman) to shake off the disease, and I found, when she came to see me, that she had a temperature of 103°, and the physical signs of pneumonia in the second stage, but these are exceptional instances. The patients are obliged generally to take to the bed with pneumonia, whereas, with pleurisy, they are not necessarily, it depending upon the acuteness of the disease. Sub-acute pleurisy does not compel patients to take the bed, so that so far as we have gone in the history we would look for pleurisy rather than pneumonia. But that is to be settled by the physical signs. And now what are the physical signs as recorded here?

"Yesterday there was dullness on the left side, with diminished respiratory sound; with loss of vocal fremitus and vocal resonance."

Well, that tells the story Over most of the left side there was dullness in percussion That would not enable us to discriminate between pleurisy and pneumonia, but with that there was diminished respiratory sound and a loss of vocal resonance, a loss of vocal fremitus. Now liquid effusion, incident to pleurisy, which occurs in the majority of cases of primary pleurisy, produces these signs, whereas pneumonia, if it had led to consolidation enough to give rise to dullness on percussion, would have given us either bronchial respiration or bronchio-vesicular respiration and bronchophony, or increased vocal resonance. So you see how those signs mark the differential diagnosis.

But we need not be content even with these physical signs, although they are conclusive. I find it stated here that clear serum was drawn off with the syringe. That is a hypodermic syringe was used, and a little clear serum was drawn from the pleural cavity which substantiated the diagnosis of pleurisy with effusion, and moreover showed that it was a case of simple pleurisy; that it was a pleurisy with serous effusion and not empyema. Now we will not stop a great while with this case. It is a simple case, yet without a knowledge of certain things it would be a case that would involve difficulty in diagnosis.

We will now make a physical examination. The left side is the side on which we get pleurisy oftener than on the right. Over the upper left lobe we get vesiculo-tympanitic resonance. It just entered my mind that this would be a good case on which to make an observation with regard to the point which I spoke of last winter. In speaking of the physical diagnosis of effusion I have been accustomed to say that one of the points is, that the line between flatness and resonance is a horizontal line on either the anterior or the posterior aspect of the chest. I have not been accustomed to say that it is a horizontal line all around the chest of the affected side; that I know it is not. But that point was taken up and criticised. Now let us see how we find it here. I think the criticism was not correct. It is not often a horizontal line on the posterior aspect of the chest. It certainly is not in all cases. Now let us see how we get it here.

In this case, anteriorly, I think we are able to say that a horizontal line does indicate the level of the liquid. Now let us see if we can examine behind. It is not quite so easy to make the examination behind, because we have more bone and muscle. We find that it is not a horizontal line. It is a curved line.

Well now, what we have to verify here is, that below this line, and above it too, probably, we have diminished respiratory sound, probably absence of respiratory sound here below, unless the respiratory sound above is transmitted downward, or, what more frequently occurs, the

respiratory sound on the other side is transmitted laterally. I perceive no respiratory murmur here. He has not a great deal of fremitus on either side, but the absence of respiratory murmur, the great diminution, almost absence, of vocal resonance here on the one hand, and the fact that we do not get any bronchial respiration and bronchophony, shows that what we find here on percussion is due to the presence of liquid.

What are the indications for treatment in such a case as this, and what the prognosis? The prognosis favorable; he will get well. There is no reason to doubt it at all.

How shall we treat him? Shall we put him upon hydragogues and diuretics with a view to get rid of the liquid effusion? Well, it is not necessary to do much in these directions. The liquid will absorb, perhaps rapidly. Certainly very active hydragogues or diuretics are not called for. I should rather be disposed to have him keep warm, comfortable, give him good nourishment, and not do much of anything, because it will tend to get well of its own accord. Shall we take out the liquid? There is no need of it. There would be no great objection to doing it, but there is no need of it. You see there is not enough to embarrass him in breathing. In short, the case is one which, if there existed no pulmonary disease before, as we have reason to think there was not, will tend intrinsically, and probably in a short time, to get well. But we could help matters perhaps by giving him some diuretic remedies. I should resort to those rather than to hydragogues, and the blister which I see has already been prescribed for him is a good thing. I do not exactly understand the *modus operandi* of blisters over the chest in promoting the absorption of effused liquid, but observations seems to show that they do have that effect, and it is pretty much the custom when blisters are not employed to paint the chest with iodine. My own belief is that we do not accomplish much therapeutically by that application; but it is a very excellent application with a view to moral effect. When patients see that they are colored yellow by this application they feel as if something is being done that is pretty potential, and it makes the mind easy, comfortable. So much then for that case.

Case 11. The next case that I shall present to you is a case of pneumonia, so that we shall have the opportunity of studying now in succession first, a case of pleurisy, and then a case of pneumonia.

His name is Henry D., twenty-one years of age, a laborer, a native of the United States, and was admitted on the twenty-seventh of April. The family and previous history of the patient have no bearing on his present disease. On April 23rd, the patient had a severe chill. Now mark the contrast. In the first case there was a chilly sensation, but no pronounced chill. Pneumonia as a rule commences with a pronounced chill. Acute pleurisy is accompanied at the out set with some chilly sensations, but exceptionally with a pronounced chill. This was followed by cough and an expectoration of bloody sputa. In pleurisy, a cough with little or no expectoration, and what expectoration there is simply mucus, produced perhaps by cough. He had intense febrile phenomena, and considerable dyspnœa, together with complete anorexy, and rapidly supervening exhaustion. Here now we have a disease of a different character: fever, prostration, obliged to take to the bed. We have in fact there not a local inflammation as in the last case partly, but a fever with a local affection characteristic of it.

On the 25th of April he began to have severe pain, the pain occurring rather late you see, two days after the symptoms denoting fever. Let me call your attention to this fact because it is of some interest. Here the febrile phenomena made their appearance before marked symptoms denoting that there was inflammation in the chest. This pain was sharp, lancinating in character, and situated about the left nipple, the pain in character being the same as in pleurisy, but instead of being diffused it is comparatively limited, its seat being about the left nipple, and aggravated by the act of respiration and cough. All of these symptoms persisted up to the time of the patient's admission, which was on the twenty-seventh, four days after the date of the attack. On the twenty-eighth the patient's face was flushed, the tongue was coated, the sputæ were rusty

and viscid—the characteristic sputa of pneumonia. The cough and the pain in the side persisted, and the pulse in the morning was 110, the respirations were 38, and the temperature 103°. In the afternoon the pulse was 115, the respirations 36, and the temperature 102.75°—well the pulse was more frequent than in the morning, the respirations were a little fewer, and the temperature was a little less, not much difference however.

Now physical examination showed dullness over the left lower lobe. with bronchial respiration and bronchophony. The respiration over the left upper lobe and the entire right lung was exaggerated. Other thoracic and abdominal organs normal The urine was high colored, its specific gravity 1020, and otherwise normal.

On the 19th, yesterday, in the morning the pulse was 80, 110 the previous morning; the respirations 35, 38 the previous morning; the temperature 99°, 103° the previous morning. In the evening the pulse was 76, the respirations were 52, and the temperature 98°. All the symptoms indicate convalescence and resolution, accompanied by broncho-vesicular respiration, increased vocal resonance, and rales redux have commenced.

Now gentlemen, here we have very concisely the whole history of the case. The patient was attacked on the 23rd, entered the hospital on the 27th, four days afterwards. After his attack he went to the dispensary and got some medicines. He does not know what they were, but some cough mixture, something palliative. I suppose that at that time the symptoms and signs hardly showed the character of the disease. We may say virtually he had no treatment. The patient has not been under my care, but I am told he has had no potential treatment. He has had the spirits of mindererus, a palliative remedy. He has had a little quinine, but not in any full doses. I wish he had not had it. I doubt whether it had any influence in this case, but we can not say positively that it has not. Quinia does have an influence on pneumonic fever, and in a certain proportion of cases causes it to resolve, but I do not think this patient has taken enough of it to have much effect. But I can not say positively what I would have said if he had not taken quinine. That here we have a good example of the natural history of this disease. I do not feel at all unwilling to think that the quinia may have had an influence. I have seen it administered in this disease and I feel perfectly sure, as I have just said, that it arrested it or rendered it abortive, but I will repeat that I do not think this patient took enough of it, so that we must leave that a somewhat unsettled point whether this sudden change in his condition was the result of his treatment in any measure or whether it was simply the natural course of the disease. The disease does pursue this natural course in a certain proportion of cases.

He entered on the 27th; on the 28th he had a good deal of fever; the pulse 110, the respiration 38, the temperature 103°, whereas on the 29th in the evening his pulse was 76, the respiration 32, and the temperature 98°; he is now convalescent then, that is on the 29th; he was attacked on the 23rd, resolution taking place on the sixth day.

Now let us see what signs he has. and then we will not trouble him any further. We ought to have on the left side vesiculo-tympanic resonance over the upper lobe. I should think we had. This is a good example of it. The lower lobe being more or less consolidated we get an increase of intensity, and elevation of pitch, and a tympanytic quality, which are the qualities of vesiculo-tympanitic resonance. Now we ought to have in whatever position this patient may be, sitting or recumbent, an oblique line here above which we get this vesiculo-tympanitic resonance and below which we get either flatness or dullness, unless the stomach should happen to contain gas in considerable quantity, and then we might get the vesiculo-tympanytic over a purely tympanitic resonance. We can mark out the oblique line here without difficulty. When I come to auscultate posteriorly I find the the lung almost entirely resolved. Now here within three days, the physical evidences having shown when the patient was admitted that there was complete consolidation, bronchial respiration, bronchophony, those signs have nearly all disappeared, so that here we have an instance of very rapid resolution which sometimes

takes place in cases of pneumonia. There is a very considerable difference in different cases with respect to the length of time connected with the stage of restoration. Sometimes it is as rapid as it is here, and in other cases it is very slow, occupying sometimes even weeks before it is completed, and that we have learned since the time of Lænnec. When Lænnec began to study by means of auscultation cases of pneumonia, the natural duration of the disease was unknown. It was supposed that pneumonia was a disease that would generally destroy life unless treated very energetically, and Lænnec was in the habit of giving antimony, adopting a treatment which originated with two Italian physicians of giving antimony in large doses, producing after a while a degree of tolerance by the stomach of large doses in order to do good. And in his work on auscultation he is very enthusiastic as to the effect of antimony in promoting resolution in the second stage of pneumonia. Now, had he the benefit which we have acquired since his day, of a knowledge of the natural history of the disease, he would have to modify his opinion very essentially, because suppose in this case we had not known the natural history of the disease, and I should say I had a remedy which had a very special influence in promoting absorption of exudation in pneumonia, I could have brought in a patient of this kind and triumphantly pointed to it as an evidence of the marked effect of that remedy.

Case III. Now I have two cases of disease of the heart I propose to present to you and make the subject of study if time permit, valvular disease and enlargement of the heart. In the case which I shall first present, I have not seen the patient. I read the history for the first time now.

This patient's name is Charles K., aged 36, a cook by occupation, a native of Germany. He was admitted on the 9th of January last, so that he has been in the hospital for some time, as you see. The family history is unimportant. The patient has led a comparatively regular and temperate life. He has been obliged to work hard in a hot kitchen. He has been accustomed to the moderate use of wine and beer, but has avoided spirituous beverages. He had gonorhœa some years ago, but positively denies ever having had syphilis. He says he has suffered at times from sub-acute rheumatism, but he gives no history of the acute, articular variety. That is a point of interest. While there is greater liability to cardiac complications in acute articular rheumatism, that liability is by no means wanting in sub-acute rheumatism, a very important practical fact to bear in mind, because an articular rheumatism, or rheumatic fever is sub-acute, we must not feel easy and let the patient go without protective treatment against cardiac complications.

Three years ago the patient's legs became greatly œdematous. He suffered also from slight dyspnœa, from pain and tenderness in the right hypochondrium, and from impaired digestion. These symptoms did not incapacitate the patient for labor, and they soon disappeared. Mark that. Patients with rheumatic affections of the heart not infrequently suffer for a brief period from the effects of it in the way of dropsy and dyspnœa. But their condition improves while, of course, the rheumatic affection does not change. But their condition in other respects improves and these symptoms disappear. About two years ago the same symptoms again developed themselves with the addition of cardiac palpitation, and a troublesome, persistent cough associated with marked dyspnœa. These symptoms continued only a few weeks—another instance of what I have just said. Six and a half months ago the patient again noticed œdema of his face, and this was followed by œdema of the feet and legs, and by marked dyspnœa on the slightest exertion The patient had a cough but expectorated only mucus. He had severe frontal headache, pain over the region of the liver, constipation, disordered digestion, nausea and vomiting. His appetite was fair and the tongue normal.

Now, I do not know what we will come to here, but I suspect we have evidence of something more than cardiac trouble. On admission January 9th, the patient presents the symptoms enumerated above. He was anæmic, his prolabia were at times cyanotic, the breathing labored, the cough paroxysmal, the sputa scanty and mucus in character. The urine was of light color, specific gravity

1016, and normal in its chemical reactions and microscopical appearance. Well, I read that with some surprise, for I thought we should find from the previous history evidences of renal trouble, but it seems not, at that time at any rate.

Now on physical examination—mark these points which we will soon verify—the precordial space was enlarged and the apex beat removed some distance to the left of the mammary line. The impulse was visible over an enlarged area, but not increased in force. Now here is evidence of enlargement of the heart and something more, that the enlargement of the heart involved either weakness from some change in the muscular walls, or I may say more probably enlargement with predominant dilatation.

A loud musical murmur was heard with the first sound of the heart—it was then either mitral regurgitant, an aortic direct, or a tricuspid regurgitant—it lies between those three. Its greatest intensity was at the apex, and it was continued to the left of the apex, and heard distinctly near the lower angle of the scapula. It was then a mitral regurgitant murmur. Another murmur was heard with the first sound at the base in the second intercostal space of the right side, and was continued into the carotids. There we get the evidence of an aortic direct murmur. This patient, therefore, had a mitral regurgitant murmur and an aortic direct murmur, both being systolic.

During the patient's sojourn in the hospital he has suffered from paroxysmal attacks of dyspnœa, attended by cough He has also persistent cephalalgy and œdema of the face and lower limbs.

Well, gentlemen, you see that he is pallid; the prolabia have a slight appearance of cyanosis; the lower limbs are œdematous, but not greatly so. They have been much more so. Now let me verify these signs without going into a very full explanation of them. That I presume for many of you is not necessary. There is the apex, which is as low as the seventh intercostal space, and is at least an inch and a-half removed to the left of the nipple line. Its normal situation should be in the fifth intercostal space, and a little within that line. We have then that evidence of enlargement. The impulse is not strong; I perceive it distinctly, but not strong. Now, then, we should expect to find an area of precordial dullness corresponding to that. Yes, the area is increased, and the degree of dullness is increased. We have then the evidences of enlargement very readily seen.

Now then, if I put a stethoscope here I ought to hear a murmur with the first sound of the heart, which I do. It is very distinct, bellows in character now, and is transmitted from the apex to the left as far as I examined. It is also heard, as the report says, behind on the left side at the lower angle of the scapula. That is a soft blowing murmur, tolerably loud. Now, at the second intercostal space, at the right of the sternum, I get another murmur, it is not as loud as the first, but it is not the same murmur, though heard with the same heart-beat. It differs in character. It is high in pitch comparatively; the first low in pitch. I know, therefore, that we have a mitral regurgitant and an aortic direct. Between the points mentioned I get both murmurs very distinctly heard. Those are the only murmurs that I can discover. He has not a presystolic; he has not a tricuspid direct; he has not an aortic regurgitant.

Now let me direct your attention to one thing: I want to determine whether this mitral regurgitant murmur denotes much regurgitation. This murmur does not give me any information with regard to that. A small regurgitant stream may give a much louder sound than a larger stream, but if there be much regurgitation two things will follow. In the first place the left ventricle will send into the aorta a quantity of blood diminished by just as much as regurgitates. And then again, in proportion as there is an abundant regurgitation the effect will be marked upon the right side of the heart, and we should be likely to have hypertrophy of the right side of the heart. Now both of those things will affect the second sound of the heart as it is produced in the aorta and pulmonary artery. I will listen here to get the aortic second sound. Now if a good deal of blood regurgitates through the mitral valve, and a corresponding less amount is sent out of the heart, this sound will be weak; the aortic second sound will be propor-

tionately weak. The right ventricle being hypertrophied, that will intensify the pulmonary sound which I can hear. The second sound of the heart is produced by the aortic and pulmonary valves. By putting the stethoscope here I get the sound produced by the aortic valves; and here, by the pulmonary, if I find the aortic second sound feeble and the pulmonary comparitively loud, I shall get evidence that the mitral regurgitant is considerable in amount. It is very marked indeed. The aortic second sound can scarcely be perceived, it is very feeble; the pulmonary second sound, on the other hand, is quite loud, louder than normal. So that I feel warranted in saying that there is regurgitation, and the right ventricle is hypertrophied.

So much then for the history of this case as regards the diagnosis. Now, I think I will hardly have time to get through with the other case, and I will make some further remarks on this patient. I think I will reserve the other case, which, by the way, is an excellent case to bring in contrast with this, but I would not have time to do justice to the physical signs and the history, so I will leave it and make a few remarks about the causation, the indications for treatment and the prognosis in this case.

Undoubtedly in this case the cardiac affection is to be dated from the rheumatic endocarditis. Valvular lesions of the heart in a great majority of cases originate in that way, and we have seen in the history that this patient has had sub-acute rheumatism at different times. When he had the attack of rheumatism which was complicated with the endocarditis, I am, of course, unable to say. I might perhaps by diligent inquiry, but that is not so very important. Now, that endocarditis left behind it certain effects, there was an exudation on the valves which was not washed away, but remained there. This slowly led to changes by which the mitral valve became insufficient, either contracted or possibly attenuated, and rupture may have taken place. At all events some one of the various forms of lesion which give rise to insufficiency of this valve occurred. We do not get the physical sign, the murmur which indicates contraction at this orifice. Now, one point is, that this change in the valve has been going on for a long time; for many years. How many I cannot say, but a number of years. For a considerable length of time the patient experienced no great inconvenience from it. You see the history says that three years ago he first noticed œdema and slight dyspnœa. Now, this affection had existed for a long time before that. It had existed long enough for this regurgitation to produce changes in the heart, to produce an enlarged heart, and not only an enlarged heart, but a heart enlarged by dilatation as well as by hypertrophy. Well, he had the effects at that time, the œdema, the dyspnœa, of disease of the heart characterized by mitral lesions and enlargement dependent thereon.

Well, why did he not go on thus? Why did not the œdema increase, and the dyspnœa increase, and he remain in the condition in which he is now? Well, at that time there were undoubtedly excesses which impaired his general health. He was run down for some reason or other; anæmic, or his powers impaired, and under those circumstances the heart affection produced these effects. But he probably laid up, or took more care of himself, and improved his general condition, and then the heart went on again pretty well, so that he was able to continue his work, and which, as you see, was pretty hard work, involving a good deal of exposure. But still he was able to go on with that work. Then again, a year afterwards, some other excesses probably occurring, he again suffered from dyspnœa and œdema, and then palpitation of the heart troubled him, and he had cough, but after a few weeks this disappeared. Thus the history shows very strikingly how cardiac affections are tolerated, provided the condition of the system be good in other respects. And we may thus often by improving the condition of the patient, render the heart affection but little troublesome for a considerable length of time.

This patient improved, then went to work again, was perhaps imprudent in certain ways, at all events pursued his business, which involved hard work and a good deal of exposure. Then six and a-half months ago, he again had œdema of the face, of the feet and legs, and now he entered the hospital.

Well, his present condition, as you see, is not a very good one. He is pallid, he is feeble; the œdema has diminished since he has been in the hospital, but it is not all gone; any exercise doubtless would cause dyspnœa.

Now, what are the indications for treatment for this patient as he is at present? We can not remove his cardiac affection. The mitral insufficiency has to remain. We can not even diminish it. We can not reduce the size of the heart. It would not be an object for us to do it if we could. So far as the heart is concerned, what we should aim to do would be to increase the vigor, the contraction, and we would do that permanently, not by any remedies, but by improving his general condition. Give the patient, if possible, good blood; it is poor, as you see by his aspect. The indications for treatment, then, relate to the system at large, and to the heart indirectly. There is little indication here for digitalis. The heart acts regularly. It is not remarkably feeble. And by the way, this remedy, digitalis, which is so very valuable in some cases, is often abused I may say. That is, the idea of some seems to be that whenever a patient has trouble of the heart digitalis is the remedy. Now it is a most valuable remedy in certain circumstances, but by no means a good remedy in other circumstances Where the heart is irregular in its action as well as enfeebled, it acts sometimes in a remarkably good manner; gives the heart greater regularity and greater strength, but that is all temporary. What is desirable in this case is, that the patient's general condition be improved if possible. Tonics to improve the appetite, if that be deficient; tonic remedies to promote digestion, if that be weak or disturbed; a nutritious diet. These constitute the measures of treatment in such a case as this. Shall we try to get rid of the little œdema which now exists? This œdema does not occasion any inconvenience. He has not enough water in the chest, in the abdomen, or in the skin to be a source of any great inconvenience. Therefore we should not give the patient hydragogues and diuretics which interfere with nutrition, and would therefore do more harm than good. Our object is to improve the condition of the blood in this case, and if that can be accomplished, if the patient can be given a good appetite, good digestion, and a better quality of blood, it is very likely that with even the amount of disease which he has, he will suffer little inconvenience from his cardiac affection.

The next patient whom I should have brought in had I had time, is a case that presents a very striking and a very instructive contrast to this case. In the other patient you would see that while there is as much enlargement probably as in this man's heart; while there is the same lesion, the same murmur, yet that patient is knocking about the hospital, and very likely will want to go out of the hospital very soon. He presents the picture of comparative health. Why? I assume that their cardiac affection is the same; it would be perfectly consistent with clinical experience that it should be so; but in one case we have anæmia, deficient appetite, weak digestion, general feebleness: in the other case we have a good condition of the blood, good appetite, good digestion, and the patient is able to tolerate his affection without much inconvenience; whereas, in the case which has been brought before you, owing to his general condition, the heart affection gives the patient trouble and inconvenience.

Hirsuties Removed by the Galvanic Pessary.—In a discourse on menstrual insanity at the recent meeting of the British Medical Association, Dr. J. Crichton Browne referred to a case seen in consultation with Mr. Tait, many years ago, in which a bearded lady had been benefitted by the introduction of a galvanic pessary. The beard subsequently fell off, and the patient's mental condition, which was that of melancholia, improved so that she recovered completely.—*Ex.*

New Medical Colleges have been established as follows: one at Memphis, Tennessee, the "Memphis Medical College," Medical Department of South-Western Baptist University; and one at Little Rock, Arkansas, "Medical Department of Arkansas Industrial University."

CLINICAL REPORTS.

THREE OPERATIONS FOR STONE IN THE BLADDER.

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Our mistakes are often more valuable to us than our successes if properly utilized. With the sincere hope that the error committed by me may serve to guide others from a similar misfortune, and with the desire to record failures and successes alike, the following cases are related:

CASE I. Wm. W., aged 62½ years, came under observation in consultation with Dr. A. F. Erich, May 14th, 1880, suffering intensely from symptoms of disease of his urinary organs. He stated that his first symptom, retention of urine, lasting only a short time, occurred in 1872, since which time he had had repeated attacks of retention, bloody urine, brick-dust sediment and thick, ropy mucus. In the summer of 1879 he had an acute attack of cystitis, commencing the middle of July and lasting six or eight weeks. In January of 1880 another severe attack of cystitis occurred which had kept him in bed or confined to the house up to the date of my visit. When first seen by me he was suffering from severe local irritation of the bladder and urethra, frequent micturition, pain in the head of the penis, weight in the perineum, urine frequently bloody, very offensive, strongly ammoniacal, with a copious white gelatinous precipitate, consisting of mucus and pus cells, phosphates and much vesical epithelium. The patient had lost much flesh and had the care-worn look produced by great suffering. A sound was introduced into the bladder and detected what was believed to be a calculus, lying somewhat upon the right side of the bladder. A distinctly marked roughness and grating sensation was experienced in gliding the sound over the supposed stone, and by tapping with the sound a clear, sharp and positive *click*, audible to both Dr. Erich and myself, and also heard by the patient and two of his family, was produced. The stone was thought to be encysted, because of the uniformity of its position, and also because the sound could not be passed over more than what seemed to be its upper surface. The grating roughness and click were not elicited when any other than the particular spot on the right side and at the base of the bladder was touched. The diagnosis of stone was therefore made, and its removal by Lithotomy was advised. Accordingly, on May 17th, in the presence of Drs. Erich, Coskery, Briggs, Luther, Mr. Keith, a medical student, and several members of the patient's family, chloroform was administered. The sound was again introduced and the same localized roughness and grating, sharp and distinct *click*, were produced. At this time I requested my colleague, Dr. Oscar J. Coskery, to examine the patient. He did so, detected the grating and roughness but not the click. Dr. Erich took the sound, and after a few moment's work, elicited the sharp click, and when Billroth's sounding board had been placed upon the instrument by Dr. Coskery, the sounds were so magnified that they could have been clearly heard in any good-sized lecture-room. (In justice to Dr. Coskery, I must here state that he uttered words of warning, by expressing as his opinion that the case might be one of phosphatic incrustation of the bladder, and that unless an unmistakable click could be elicited by striking the stone, he would not operate.) After the sounding board had been used, and with the approval of all present, Smith's Lithotome was introduced and the operation proceeded with. Only those who have been unfortunate enough to have made equally as bad errors of diagnosis can fully appreciate my astonishment and horror on finding no stone present, but simply an hypertrophied bladder, with localized phosphatic incrustation. The patient was at once placed in his bed, stimulants, &c., &c , were freely given, but death took place at 2.30 A. M., May 18th, 12 hours after the operation, from shock.

The mistake made by me is by no means a new one. Erichsen says (vol. ii., page 735, ed. 1878), "the mistake may usually be guarded against by the absence of a distinct click, though a rough grating sensation be experienced, and by the surgeon being unable to iso-

late the stone, yet the difficulty in some cases is great."

In the case just related, it will be noticed that the "distinct click" was heard, and as the reasons favoring an encysted calculus were very great, efforts to isolate the stone were not made.

Dr. Gross, speaking on the diagnosis of stone (Gross on the Urinary Organs, page 203, ed. 1876) says, "Although sounding is the only certain method of detecting a stone in the bladder, it is occasionally liable to error. Numerous cases are upon record where a foreign body was supposed to be present, and where the poor patients were subjected to all the pains and perils of lithotomy, and yet no calculus was found, either at the time of the operation or after death. Surgeons of the most consummate skill and the most extensive experience have fallen into this error. Cheselden, the most celebrated lithotomist of his age and country, cut three patients without finding any stone. Blanc, Dupuytren, Roux, Crosse, Tyrrell, Cotta, Vacca, Aaron, Medovo, Borgiori, Ucelli and Paget, of Leicester, all operated, expecting to find a stone, when there proved to be none. Mr. Crosse states that he has notes of not less than eight cases in which the operation was needlessly performed, and to several of which he was an eye-witness. The late Mr. Samuel Cooper, of London, was acquainted with the particulars of at least seven such cases, at two of which he was present. Velpeau says he has a knowledge of four instances where the patients were subjected to the operation without there being any calculi in the bladder." And finally, Dr. Gross "is cognizant of at least half a dozen cases in which the mistake was committed."

The causes which have led to the mistake are quite numerous. I believe, as a means of diagnosis, the small lithotrite should come into more general use. Could the calculus be grasped by it, not only its size and some idea as to its composition would be ascertained, but such errors as have so often occurred would be prevented.

The next case is one of some interest, and was to me a most agreeable contrast to case I.

George S., age 35, a blacksmith by trade, and a resident of Western Maryland, came to the City Hospital, June 3d, 1880, complaining of a too frequent desire to urinate; he passed but a small quantity each time, and then only with great pain; had passed blood frequently with his urine, and had often found the flow suddenly stop, and again return. His history dated his troubles back some 10 years, and was by no means satisfactory; he had been treated for a variety of urinary troubles, and also for an urethral stricture. Was examined June 5th, and a stone was found, the click tolerably distinct, though the *feel* was positive. June 7th, re-examined Mr. S., with Drs. Coskery and Latimer, and again made out the calculus satisfactorily to all.

June 9th, assisted by Drs. Coskery, Latimer and Lynch et al, the usual lateral operation was performed, Smith's Lithotome being used. A mulberry calculus 1¼ in. long and 2 in. in circumference, weighing 93 grains, was removed. No hemorrhage. During the first 24 hours the temperature and pulse continued about normal; all urine passed through the wound. June 11th, had a slight chill, followed by elevation of temp. 103° F.; pulse 100, which lasted a few hours. June 13th, part of water passed through the penis; no water passed during the night. 13th, patient at 5 A. M. passed *all* his water through the penis, and had a sharp chill, lasting about 15 minutes, temp. 101° F.; pulse 92. From this time out he did not have a single bad symptom; all of his urine was voided per vias naturales, the opening below closing rapidly. June 19th, patient up and about. July 10th, wound absolutely well; no cystitis or other trouble; patient has gained 14 pounds in weight since the operation, and was discharged cured.

The early closure of the wound to such an extent as to permit the urine to be voided naturally is worthy of notice. It rarely happens that the urine passes off permanently by the urethra earlier than the tenth to the fourteenth day, though some few cases have been recorded in which the restoration of the urethral function was noted as early as the eighth, and in others it was delayed to the

twentieth day. Union by first intention is extremely rare. One, probably the chief cause for the early closure in this case, was the determined efforts of the patient: from the protracted suffering through which he had passed, he had gained an unusual control over the muscles of the urethra and bladder; this power he exercised intelligently when obliged to empty the bladder, by so contracting his muscles as to permit the urine to escape in an extremely small and slow stream. The amount of fluid consumed by him during the first five days was very small, "only enough to moisten his lips, and never sufficient to quench thirst."

Case III. has also some very interesting features Mrs. Elizabeth A., aged 36, first consulted me on Sept. 17th, 1871, for some urinary disorder under which she had been laboring for the previous six years. She complained of difficulty in retaining her water, had a constant dribbling of urine, great pain in the bladder, frequently passed blood and ropy mucus. General health very poor, bowels so constipated and irregular that when moved hemorrhoids and protrusion always resulted. She stated that she had been confined with her first and only child some six or eight years previously (in 1864); that the labor was very protracted, and was at length terminated by the forceps; that sloughing had ensued, and that when she was able to go about she could not retain her water; an extensive vesico-vaginal fistula had formed. She had been operated upon for the relief of this fistula seven or eight times, but only with partial success; that the last operation had been performed in 1868, since which time she had been able to retain two or three ounces of urine at a time. A large calculus was detected, on examination, lying immediately below the urethral orifice; no sign of the uterus could be seen after the vagina had been distended with a speculum, nor by touch could the *cervix uteri* be made out. Examined by *rectum* with conjoined manipulation the uterus could be plainly felt lying in its usual position. The patient menstruates regularly, and says the flow always passes off with the urine, either through the urethra or fistula. Sept. 21st, 1871, I dilated the urethra with forceps and finger, passed the forceps into the bladder, and after breaking the stone removed it. The largest fragment removed weighed ½ oz.; the entire stone, which was phosphatic in character, probably weighed over 1 oz., and was about the size of a small egg; the bladder was carefully washed out and all debris was thoroughly removed. She regained the power of holding her water in three days, and made an uninterrupted recovery.

At the time of the operation the neck of the uterus was found protruding very slightly into the bladder; it had evidently been caught in the torn viscus, and through adhesions contracted by the general inflammation remained in its abnormal situation: cicatrization of the bladder had followed around the cervix.

In December of 1873, Mrs. A. again consulted me for similar urinary troubles. On examination a stone was found, and on Dec 15, I removed, per urethram, a phosphatic calculus the size of an almond. In two or three days the bladder again regained its power. Nothing more was seen of Mrs. A. until Nov. 26th, 1878, when she again came back laboring under her old symptoms, and on the 28th I removed another phosphatic stone also the size of an almond. On Sept. 9th, 1880, I removed the fourth calculus, which, like its predecessors, was of phosphatic character and of small size. At this time I again examined her, and found, as above stated, the *cervix uteri* still in the bladder. She is now menstruating irregularly, and it is more than probable will soon gain relief from that portion of her troubles. The partial sacculation of her bladder

produced by inflammatory adhesions and the destruction of a large portion of it, both by sloughing and necessary surgical manipulations; the still existing vesico-vaginal fistula, and the abnormal situation of the *cervix uteri* are no doubt the causes for the repeated stones. In the two last instances a small blood clot certainly acted as the nucleus for the stone; no examination of the two first stones, as to composition of the nucleus, was made.

SOCIETY REPORTS.

A CALLED MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

A called meeting of this Faculty was held at the Library Hall, 122 W. Fayette Street, Wednesday, October 13th, at 8 P. M. The object of the meeting was to hear historical addresses read by gentlemen appointed by the president, in accordance with a resolution adopted at the last meeting of the Faculty.

The meeting was called to order by the President, Dr. H. P. C. Wilson, and opened with prayer by Rev. Dr. Leyburn, of this city. The President then in appropriate remarks stated the object of the meeting. He said, "By your courtesy I have the privilege of calling you together this evening for the purpose of honoring ourselves, in doing honor to this eventful period in the history of Baltimore. In this Faculty, from its birth to the present hour there have always been men on whom this whole community has leaned with implicit love and confidence —men whose opinions have been so much sought, and whose advice has been so faithfully followed—men whose whole strength and energy have been spent in preserving the health, lives and happiness of this people, and in cultivating in man all that strength of mind and body which is necessary to make any city great. For almost eighty-three years nearly every medical man of any prominence in this city, yea in this state, has been a member of this Faculty, and considering the important relations which the medical profession bears to the vigor and prosperity of any people, it is peculiarly proper that we should pause here this evening and recall to mind what medical men are doing in the present, and have done in the past, for the good of the citizens with whom we dwell, and the building up of this great metropolis of our commonwealth. The tradesman's achievements are made prominent by the press, the drummer, and every device to attract public notice; the attorney shines brilliantly before the jury in a crowded court room; the minister is mighty in the pulpit, before an admiring audience; the capitalist is widely known by his magnificent buildings and public works, while the Surgeon and Physician "plod their weary way along, unnoticed and unknown," from day to night, and night to day, in the quiet chamber and at the suffering bedside, struggling with death for the lives of those who make the mighty city." "The medical profession is unjust to itself, when on proper occasions its achievements are not so illuminated as to shine over a whole community, that it may realize how much it owes to its physicians and surgeons. In the last 150 years no learned profession, no mechanic art, no branch of business has made greater achievements than the medical profession. It is not my province to enumerate them This will be done by accomplished gentlemen who follow me, but I would pause here over the memory of our departed brethren, who lived well, who died well and whose good works do follow them.

> "This is the place, stand still my steed,
> let me review the scene,
> And summon from the shadowy past,
> the forms that once have been."

History tells us that one hundred and fifty years ago physicians were leaders in the foundation of Baltimore. Dr. John Stevenson laid out the plan of this city, and was so prominent and so active in this work, as to acquire from distinguished men of his day the cognomen of "the American Romulus." Another no less energetic person in this work, was a physician, Dr. John Walker, clerk of the Commissioners for Baltimore town in 1730, and from the day of its birth and feebleness in the far away past, to the present day of its manhood and strength, physicians have been found to be watchmen on the towers to guard and

labor at the posts of danger, when this our beloved city was threatened with foes from without or dissentions from within, "or the pestilence that walketh at noonday."

Twenty-four years after the foundation of Baltimore it was visited by a terrible epidemic of small pox, that most loathsome (and in those days) most deadly and terrifying of all diseases. This was forty-five years before the art of vaccination had reached this continent, and forty-four years before the great Jenner had made known his discovery. It was under these circumstances that a physician, Dr. Henry Stephenson, came to the rescue of its terrified citizens, converted his own elegant mansion into a small pox hospital, and supplied it with his own means, thus standing firmly and undismayed at the post of danger, whilst hundred were flying for their lives. Many just such examples of courage and self sacrifice in the medical profession of Baltimore can be found all down this long list of years." * * * "The life of the Medical and Chirurgical Faculty of Maryland extends over much more than half of the Sesqui-Centennial period, we are met to commemorate. Within its fold are the names of nearly all the medical men of this city who have adorned our profession and added luster to the long list of names which have made this city great."

Dr. Wilson referred at some length to the names of gentlemen now honored for their brilliant achievements and valuable contributions to medical science, men who in their day made Baltimore famous as a city of vigorous medical thought, and one of the great medical centres in this country.

The President introduced Dr. B. B. Browne, who announced as the title of his address,

THE SURGEONS OF BALTIMORE AND THEIR ACHIEVEMENTS.

In this essay Dr. Browne mentioned the active part that the medical men took in the foundation of the "Town of Baltimore" in 1730 Dr. George Walker and Dr. George Buchanan being two of the Commissioners. In 1769 Dr. Henry Stevenson converted his elegant mansion into a small pox hospital, and practiced innoculation before the practice had become general.

During all this period there were no physicians who confined themselves exclusively to surgical practice, and there were few who did not treat the more common surgical disease and injuries. From the fact that no medical journal was published in this country previous to the "*Meaical Repository*," which was issued in 1797, it has been impossible to obtain an authentic record of important surgical operations previous to that time.

Dr. John Beale Davidge was the first prominent surgeon in Baltimore, he was the founder of the University of Maryland, in which he was a professor from 1807 to 1827, occupying the chair of Anatomy and Surgery. He ligated the carotid artery successfully for a tumor of the antrum, and was the originator of the "American plan of amputation.

In 1805 Dr. Colin MacKenzie reduced a luxated humerus which had been out of place more than five months.

Dr. William Gibson was the first surgeon, who ligated the common iliac artery (1812). In 1828 he ligated the subclavian, successfully. He performed the Cæsarean operation twice upon the same patient, saving each time both the mother and the child. He was the first surgeon in this Country to perform the suprapubic operation in lithotomy.

Dr. Horatio Gates Jameson in 1820 excised a portion of the superior maxilla; in the following year this was also done by Dr. Pattison. The first complete and successful excision of the superior maxilla in Baltimore was done in 1873 by Prof. Christopher Johnston for sarcoma, who has repeated the operation; Prof. L. McLane Tiffany has also done the operation three times, successfully, for malignant tumors of the upper jaw.

In 1821 Dr. Jameson ligated the external iliac artery for the cure of aneurism. In 1823 he performed the first case of tracheotomy in Maryland He was the first in Maryland to attempt ovariotomy, and was the first either in America or Great Britain to amputate the cervix uteri.

The first ovariotomy in Maryland was done by Dr. John Murphy in 1849, it was successful, and the patient is still alive.

In 1831 Prof N. R. Smith published the first account of his lithotome.

In 1835 he devised his suspensory apparatus for fractures of the lower extremities.

In 1860 he devised his anterior suspensory apparatus, which is well known both in this Country and in Europe. He is said to have operated 250 times for lithotomy.

In 1876 Prof. Christopher Johnston opererated successfully for exstrophy of the bladder, this being the first case reported in Maryland. He has performed tracheotomy 31 times:

For Croup 15 times,	3	recoveries.
" Foreign Bodies 9 times,	6	"
" Emphysema 1 time,	1	"
" Syph. Laryngeal Sten's 1,	1	"
" Laryngeal Growth 1,	1	"
" Diphtheria 3,		
" Prep.to Excis.Sup. Max. 1,	1	"
31 times,	13	recoveries.

Laryngotomy five times, with success in all.

Profs. Johnston and Michael have both operated successfully for close amputation of the penis for epithelioma.

Prof. Johnston being an accomplished artist has always illustrated his lectures with his own drawings, and has contributed important papers to surgical literature. He was the author of a paper on the "*Microscopy of the Blood*," read before the International Medical Congress in 1876.

Dr. Alan P. Smith has reported 52 successive cases of lithotomy without a death. This is believed to be the best record that any surgeon has ever made. One of the cases presented the rare deformity of a double penis, and two distinct bladders.

The most difficult and heroic operation recorded in the annals of surgery was performed February 25, 1878, by Prof. L. McLane Tiffany. "The first successful operation for the removal of a naso-pharyngeal polypus by temporary depression of both upper jaws," the operation was preceded by tracheotomy, the chloroform was inhaled through the tracheotomy tube, the pedicle of the tumor (which was pear shaped and four inches long) was one-half inch in diameter. He was the first surgeon South of Philadelphia, to perform colotomy. He recorded 5 cases of "syphilis of the lung," which were the first cases reported in America. He has excised a tumor of the sciatic nerve together with $5\frac{3}{4}$ inches of that nerve. He has also contributed important papers on the cure of "Aneurism by Flexion," "Deformity of the Hip in the Third Stage of Morbus Coxarius," "Urethral Rheumatism," and "Surgical Kidney."

Prof. Oscar J. Coskery has devised an extension apparatus for fractures of the leg, which has been used with great success. He has also made an important modification in the use of the plaster of Paris splint. He has recently extirpated from the neck a large fibro-enchondroma, weighing 3 lbs. 10 oz. Has reported a successful case of fracture of the spine. He and Dr John. R. Uhler have performed successfully simultaneous amputation of both lower extremities.

In 1863 Dr. John R. Uhler published a paper on "The Chemical Detection of Lead and Iron Bullets, in Gunshot Wounds." This paper has attracted considerable attention abroad, and very favorable reports have been made in the journals of the results attained by the use of the *chemical test.*

Dr.Samuel. T. Knight has devised an apparatus for treating transverse fractures of the patella.

An important contribution has been made to Gynecological Surgery by Dr. H. P. C. Wilson. who has devised the Antithermic Shield to be used in connection with Paquelin's Thermo-Cautery.

Dr. Wilson has performed successfully ovariotomy on a woman in the fourth month of pregnancy. She went to full term, and was delivered of a healthy child. He has also performed laparotomy for the removal of an extra-uterine twin. The child lived.

Porf. W. T. Howard has had occasion to perform laparotomy three times for the extraction of the child in cases of ruptured uterus, in which he was called in consultation, he has written an exhaustive paper on the subject which will shortly be published.

Dr. James H. Butler has performed laparotomy on a woman with deformed pelvis, and ruptured uterus. The child died, but the woman recovered. He also performed Cæsarean section on a woman who had a deformed pelvis and anchylosis of the hip.

The coccyx has been removed for the

relief of coccyodynia by Drs. Wilson, Howard and Knight.

Prof. Howard has devised an improved bivalve speculum, and Prof. Erich a self retaining one. Dr S. T. Knight has devised the obstetrical forceps which bear his name. They have been used with success in cases of difficult labor after failure with other forceps.

Prof. J. J. Chisolm published in 1861, a Handbook of Military Surgery for the use of surgeons in the Confederate army, it ran through several editions, and was favorably received both at home and abroad. Dr. Chisolm has used Chloroform more than 10 000 times, and Dr. H. P. C. Wilson 4.000 times without an unpleasant result. In the "*Annales D'Oculistique*," 1874—1878, there are nineteen references to important papers written by Dr. Chisolm, this is more than is credited to any other American Oculist.

Dr. Samuel Theobald has made many valuable contributions to opthalmic and aural surgery, among which are his *needle holder* and *improved strabismus hook*; he has devised a series of lacrymal probes for strictures of the nasal duct, these probes are much larger than those that had previously been in general use. His article on *Tinnitus Aurium* has attracted much attention in this Country and abroad. Important contributions to the literature of syphilis and dermatology have been made by Prof. I. E. Atkinson.

Enough has been recited to show that Baltimore, which was the first city to project a successful railroad upon a large scale, which was the first city to light its streets with gas, and which was the first city that received a message by electric telegraph, has also been formost, and led the way in many important surgical operations and achivements.

The President next introduced Dr. J. R. Quinan, of this city, who had been selected to deliver an address on "The Physicians of Baltimore." * Dr. Quinan remarked that as he had only received his appointment a few days previous to this meeting he had not been able to secure the matter necessary to deliver this address to his entire satisfaction, and that it was not his purpose at this time to read a paper on "The Physicians of Baltimore," but to give a general outline of the character of the work he would prepare for future use, by the Faculty. He then briefly pointed out the scope of his address, and indicated how comprehensive and valuable were the contributions made by the physicians of Baltimore from the year 1730 to the present time.

It was clearly shown by Dr. Quinan's remarks that medical practice in Baltimore has kept pace with her progress in other directions, and whilst our city may be justly proud of her surgeons, she has an equal pride in the character, standing and original work performed by her physicians.

The next address was delivered by Dr. G. Lane Taneyhill, of this city, entitled a "Historical Sketch of the Medical Societies of Baltimore." After being introduced by the President with appropriate remarks, Dr. Taneyhill began by stating that in his "sketches of the early history of Maryland." Thomas W. Griffith gives an account of the first "medical society" formed in Baltimore: it was in *1789*, by Drs. Johnson, Boyd, Goodwin, Brown, Gelder, Buchannan and Weisenthall, the first named being President.

To be mentioned in chronological order, the next society was "*The Medical and Chirurgical Facuty of Maryland*; incorporated on the 20th of January, 1799. Only five State medical societies had been formed in the United States previous to this, namely: New Jersey in 1766, Massachusetts in 1781, Delaware in 1789, New Hampshire in 1791 and Connecticut in 1792. As early as 1805, legislature was had in the Medical Faculty regarding *specialists*, for we find the Examining Board was authorized to grant licenses to dentists and *oculists* if found competent.

In 1805, Prof. James Cocke submitted his views on "*Resuscitation*," to a new local "*Medical Society*" in Baltimore.

In 1807, the "*Medical Association of Baltimore*" was entertained by Dr. G. Williamson, relating a case of "Metastasis."

* We regret that we are unable to give the same prominence in this report to Dr. Quinan's address as shown to the other speakers. In justice to Dr. Quinan, it must be stated that only four or five days time were allowed for the preparation of his address, and it was not possible for him to do justice to his subject. He deserves great credit for undertaking such a task with so short a notice. When this paper is presented in full we will then publish it in abstract.

In 1812, Wm. Donaldson, M. D., was elected an honorary member of the "*Medical Society of Baltimore*" This Society continued several years, but like all local societies of those times disbanded on account of want of interest displayed by members.

The oration before the Medical and Chirurgical Faculty in 1815, was delivered by Prof. Richard Wilmot Hall.

In 1817, mention is made of the "Medical Society of Maryland," of which Nathaniel Potter, who read a memoir on "*Contagion*," before the State Medical Faculty, signs himself as an honorary member.

In 1822 the Medical and Chirurgical Faculty offered a prize of $50. for the best essay on the "*Pathology and Treatment of Choler Infantum.*" It was won by Dr Saml. A. Carbright. of Natchez.

"*The Medico Chirurgical Society of Baltimore*" was formed previous to 1832; Prof. Samuel Baker was the first President; this Society originated one of the first *Codes of Medical Ethics* in the United States; it is from this code that a large amount of the general code of the "*American Medical Association*" was formed. It continued in existence longer than any local society before or since.

In 1839 the State Medical Faculty decided to publish a medical journal, devoted to the interests of medical science; the first number dated October 1, 1839, appeared January 1, 1840; it was called the "*Maryland Medical and Surgical Journal.*"

In 1848, the first annual meeting of the American Medical Association was held in Baltimore; twenty-one delegates were present from the State Medical Faculty, and five from the *Medico-Chirurgical Society of Baltimore*, this latter Society originated the first *Fee Table* in Maryland, and it was in this year (1848) adopted by the Medical and Chirurgical Faculty of Maryland.

In 1852, the first catalogue of books in the Library of the Medical Faculty was published by Jno. W. Woods, of Baltimore.

On June 11, 1853, the first meeting of the "*Baltimore Pathological Society*" was held.

"*The Medical and Surgical Society of Baltimore*" was formed June 11, 1855, it held monthly meetings; Dr. Jno. L. Yeates was the first President.

In 1858, the Medical Faculty, occupied for the first time, its own hall, 47 North Calvert street, which it purchased for $3.425.00, with a ground rent of $150.00 per annum.

From 1859 to 1866, nothing of interest regarding medical societies is recorded.

On the 26th of February, 1866, a number of physicians met at the Health Office to form a medical society; on the 6th of March, of the same year they adopted a constitution, and named their Society "*The Baltimore Medical Association*;" it adopted its own *Fee Table*, held semi-monthly meetings, has had nearly two hundred members. As this is the oldest, in fact the pioneer of the present medical societies in Baltimore, a few item from its minutes may not be uninteresting.

In 1872, W. P. C. Williams delivered a lecture before this Society on the Medical and Chemical Aspect of the (then) late "*Wharton Trial*," and Prof. Miles exhibited a specimen of Gen. Ketcham's brain, the alleged victim in that trial. In 1876, Dr. A. B. Arnold reported to the Society that yellow fever was prevailing in the South-eastern part of the city. In 1878 (October 28), on motion of Dr. Jno. R. Uhler, a resolution was passed urging the appointment by Congress, of a commission to examine into the nature, cause, prevention, and treatment of yellow fever.

The Society, now in its fourteenth year, is well sustained; it employs a reporting secretary, and its proceedings are regularly published in several medical journals.

On 27th of September, 1867, a second "*Pathological Society*" was formed, there were sixty members, the last meeting was held in 1872; cause of death, internal dissensions.

In 1871, on the 23d of February. the "*Medical and Surgical Society of Baltimore*" was organized in the Eastern part of the city by physicians in that vicinity; they have always held *weekly meetings*, there are seventy-five members; many papers, and some of the regular debates have appeared in the medical press of this and other States.

"*The German Medical Society*" was organized a few years subsequently with

Dr. Geo. Pape as President; this Society was confined to German-speaking physicians; it subscribed for all the German Journals of the day.

In 1873, "The *Epidemiological Society*" was formed, with Dr. Jas. A. Steuart, the present Health Commissioner, as President; it was the outgrowth of the excitement caused by the epidemic of small pox in the winter of 1872—3. It ceased to exist as the epidemic passed away. A paper on *Scarlatina*, read before this Society was of sufficient merit to cause it to be re-published in England.

"*The Clinical Society of Maryland*," was established on 23d of April, 1875, Dr. P. C Williams, President, and Dr. C. F. Bevan, Secretary.

The "*Clinic*" is the largest local medical society in the city; its meetings are well attended; many pathological specimens are presented; the Association is never in want of material or debaters.

"*The North East Clinical Medical Society*," was organized in 1876; the membership limited to 20. Dr. D. C. S. Ireland was the first President, and Dr. Geo. A. Hartman, the first Secretary; the social element was largely cultivated by this Society until its disbandment in 1880.

"*The Baltimore Academy of Medicine*," was inaugurated May 1st, 1877, the membership is *limited* to physicians of at least *ten years experience*; the debates and papers are of a high order. A prize of $100,00 offered by the Academy was awarded to Wm. T. Councilman in 1878, for an essay by that gentleman, and in May, 1880, another prize of $100. was offered, to be awarded in May, 1882, competition to be limited to physicians of Maryland.

In 1869, the State Medical Faculty moved into a larger building, on Courtland street, near Franklin, and in 1873, with an increased library, and larger membership, resumed the publication of its "*Transactions*," which it has continued annually ever since. The young blood infused and transfused into the Society from 73 to 80, constituting as it does about one-half of the active membership, has brought the Association to a state of prosperity unparalled in the past; the annual orations during the last decade have been characterized by original research and thought seldom found in such productions. On the Library tables *forty-two* medical journals from all parts of the world, are regularly spread out to the visitors; the Library is open from 10 A. M. to 7 P. M., and a Librarian regularly on duty. One hundred and one members have been elected since 1873; and, to day, the Faculty returns to its membership, in the privileges of the Library, opportunities for reading incomparably greater than any time in its past history.

Thus it will appear from the above sketch, that, from 1789 to 1880, there have been formed in Baltimore *seventeen* medical societies, twelve of these have ceased to exist; the remaining five are in a flourishing condition.

We are within nine years of the Centennial Anniversary of the formation of the first medical society of Baltimore! and ten years subsequently, this Faculty will celebrate *its* Centennial."

[*To be Continued.*]

CORRESPONDENCE.

House of Refuge,
Balto. Oct. 22, 1880.

Editor Maryland Med. Journal:

Dear Sir:—I have found from personal experience that the unpleasantness of the Sulphate of Quinia (which prevents the prescribing of that very valuable drug in many cases where no other remedy will take its place) is materially obviated by the addition of Liebig's Liquid Beef. The beef taken before Quinine also seems to have a tendency towards preparing the stomach for its reception.

Very respectfully,

E. R. Dodson, M. D.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, NOVEMBER 1, 1880.

EDITORIAL.

THE NECESSITY FOR A SANITARY SURVEY OF BALTIMORE.—The annual report of the National Board of Health, an abstract of which is published in another column, refers to the sanitary conditions of this city in a way that has apparently excited the newspapers and the municipal officials to an unnecessary extent. Referring to the report of a partial sanitary inspection of the city, which was made by Dr. C. W. Chancellor, for the National Board. the Board expresses the opinion "that the methods at present in use for the disposal of excremental filth in that city are fraught with great danger to the future health of the community, and in the event of the introduction of infectious disease, may imperil all the surrounding country."

No one who knows anything of the unsanitary character of our system for the disposal of sewage, of the fatal defects of our so-called sewerage "system," or of the possible dangers to our general water supply, as pointed out by Drs. Rohé and Chambers in our last issue, can dispute for an instant the justness of the Board's conclusions.

The National Board of Health in its report urges the importance of a thorough sanitary survey of the whole city, and refers to Dr. Chancellor's report as evidence of the necessity for such a survey. The experience of Memphis demonstrates the value of such a piece of work carried out under the direction of the National Board. Very few, even of the residents of Memphis, were prepared for the unsanitary condition of that city which the survey demonstrated to exist there. By adopting the recommendations of the Board of Survey, and making certain radical changes in her system of water supply, sewage removal and drainage, Memphis was doubtless saved from a third consecutive epidemic of yellow fever, and possibly total extinction as a municipal corporation.

Although immediate danger does not menace this city as it did Memphis last winter, yet anyone who has thought at all about our own local causes of insanitation will agree with us that the public generally should know something of the pernicious effects of our abominable privy system, and of the sources of pollution of both pump and hydrant water; as well as of certain other hygienic reasons why our mortality report for the week ending October 23rd, shows as many as sixteen deaths from scarlet fever, nine from typhoid fever, and four each from croup and diphtheria, all of which belong to the class of preventable diseases, and should not occur in "an exceptionally healthy city" as Baltimore is pronounced by the Health Commissioner.

That a thorough survey—such as would be made by the National Board of Health, would result in great good to the cause of sanitary science will not be questioned by anyone whose opinion is of any value.

That recommendations looking to the improvement of our hygienic conditions coming from a body of such high qualifications would be, in a measure, heeded by our municipal authorities is probable. That if such recommendations were adopted, the number of cases of scarlet fever, diphtheria and typhoid fever in our city, would be greatly diminished, is certain.

For the reasons above stated, we hope that the sanitary survey of this city will ere long be undertaken, and that the National Board of Health will have the direction of the work.

THE RIGHT MAN IN THE RIGHT PLACE.—Dr. E. F. Cordell, of this city, has recently accepted the appointment as Librarian to the Library of the Medical and Chirurgical Faculty of Maryland. This Library, located at 122 W. Fayette street, contains between two and three thousand volumes, many of them of very

rare value. In addition to these volumes over forty American and Foreign Journals are kept on file for reference. The Hall is centrally located and very comfortably arranged for reading purposes. Under Dr. Cordell's management we predict for this Library a new and greatly enlarged field of usefulness to the profession. We know of no gentleman so well qualified for the position of Librarian or one who can bring to bear in the discharge of such duties more zeal and interest in its development. Dr. Cordell is a great lover of books, and his appreciation of their value, and systematic and careful habits eminently qualify him for such a position of trust. Any member of the profession who may have books or periodicals for donation to this Library may now feel assured that such works will be thankfully received and carefully preserved by the new Librarian.

The profession should take an interest and pride in building up such an institution in this city. There is now every reasonable assurance that any assistance rendered to this Library will bring is full return and prove of permanent value to the profession.

REVIEWS & BOOK NOTICES.

A Treatise on the Diseases of the Eye.—By J. Soelberg Wells, F. R. C. S., M. D. (Edinburg). Prof. of Ophthalmology in King's College, London, Etc. Third American, from the Third English Edition, with Copious Additions By Chas. Stedman Bull, A. M., M. D., Surgeon and Pathologist to the New York Eye and Ear Infirmary. Illustrated with Two Hundred and Fifty-four Engravings on Wood and Six Colored Plates. Henry C. Lea's Son & Co., 1880.

Since 1873, when the last English edition of "Wells on the Eye" was published, great advances have been made in the pathology and treatment of the various diseases of this important organ. To incorporate these advances in a new edition, the American publisher has availed himself of the services of Dr. C. S. Bull, of New York, whose abilities as a writer and thorough ophthalmologist fully qualified him for this important undertaking. Marks of Dr. Bull's careful revision are found on nearly every page of this new edition, and doubtless the work will, for some time to come, be as deservedly popular as it has been since its first issue, twelve years ago.

A treatise on the Practice of Medicine for the use of Students and Practioners.—By Roberts Bartholow, A. M., M. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College of Philadelphia, etc. Published by D. Appleton & Company, New York, 1880.

The profession has awaited the appearance of this volume for some time. It was announced several years past as a companion to the author's volume on Materia Medica and Therapeutics, a work which gave the author deservedly great popularity as an advanced thinker and teacher in medicine. A position was thus paved, in professional regard, for the work now before us, and its cordial reception assured. Dr. Bartholow's writings are, as a rule, removed from the bane of unfriendly criticisms by his clear and orthodox opinions, and conservative views of practice. His training has been of that exact and painstaking character which makes him at once a safe and skillful teacher. Few men in this country have enjoyed finer clinical advantages, and few have combined with such opportunities the systematic and careful methods of study employed by the author of this book. His habit of observation has been of that direct character which developed practical results. With a mind fertile in its resources he has penetrated beyond the surface, and entered into the region of speculative phenomena with the success of an acute and accurate

thinker. This work establishes the many sided characteristics of its author's mind. He has shown himself to be not only an accomplished clinician but an anatomist, physiologist and pathologist of decided ability. The work is concise and definite in its statements, and eminently practical in its teachings. It is written with special reference to the needs of the student, and will at once take its place as a text book in many medical schools. It will be found of equal value to the practicing physician.

On the Bile Jaundice and Bilious Diseases.—By J. Wickham Legg, Fellow of the Royal College of Physicians of London, etc. Published by D. Appleton & Co., New York, 1880. Pp. 680.

This volume is one which will command professional respect and attention. It is perhaps the most comprehensive treatise upon the subjects treated ever published in the English language. The first chapters are devoted to a presentation of the chemistry and physiology of bile, in which are considered the Bile Acids, Pigments, Fats, Salts, Gases, and other constituents of Bile, its physical and chemical appearance, physiology, sources in the economy, amount secreted, agents which effect it and its office. Several chapters are devoted to the phenomena caused by an obstruction to the discharge of the bile into the intestine, and in those which follow an account is given of certain species of jaundice where an obstruction to the flow of bile cannot at once and without trouble be discovered after death. Species of jaundice, the cause of which is obscure, are also considered. A chapter is devoted to the subject of "bilious diseases."

The subjects discussed in this volume enter largely into the every-day work of the practicing physician, and are among the most intricate and important in the whole domain of medical sciences. The liver being the largest gland in the human body is of great importance in its functional relations to health. No organ is more abused or less understood.

In this treatise its functions are fully considered, and much light has been thrown upon its various relations to health and treatment in disease. The author has presented to the profession a work of great value.

The Practitioner's Handbook of Treatment or the Principles of Therapeutics. By J. Milner Fothergill, M. D., Member of the Royal College of Physicians, London, Etc. Second American Edition. Published by Henry C Lea's Sons & Co, Philadelphia, 1880.

Dr. Fothergill is perhaps more generally known to the profession in America than any living physician residing in Great Britain. For some few years past he has been a frequent contributor to the periodical medical literature this side the Atlantic, and his numerous contributions have been so favorably received that he numbers a large circle of friends and admirers in the United States. That he is a writer of uncommon gifts, few will deny. He has a happy faculty of expression, and brings to bear upon his subject great clearness and force of diction. His mind is so well trained that his views are given with the ease and grace of an accomplished master of language. It may be safely affirmed that whatever Dr. Fothergill does or says, is well done and well said. The work now before us is not new to the profession, and does not claim an introduction. It comes to us not as a new visitor, but as a somewhat familiar friend from a recent voyage across the Atlantic, where fresh ideas, new lines of practice and novelties in treatment have been gleaned from the great clinical schools of the old world. This is just what has happened. This book comes fresh from its author's mind, and bears the impress of his recent supervision, conducted with the

care of the conscientious observer and thinker. The volume commends itself to the practicing physician.

The Practitioner's Reference Book.—By RICHARD J. DUNGLISON, A. M., M. D. Philadelphia, Second Edition. Published by Lindsay & Blackiston, Philadelphia, 1880.

The title of this volume expresses its true character. It is strictly speaking a Reference Book to which the busy practitioner can turn for information of a varied and practical character, presented in a compact and tangible shape. It contains such facts as are often needed, yet which can only be obtained after much search through many volumes. It is a *multum in parvo* or condensed encyclopædia of medical knowledge. Every medical man engaged in large practice should have such a book at his command for easy reference.

MISCELLANY.

ANNUAL REPORT OF THE NATIONAL BOARD OF HEALTH.—The following is an abstract of the Annual Report of the National Board of Health referred to in our leading editorial:

The National Board of Health has submitted its annual report to the Secretary of the Treasury for transmission to Congress. The expenses of the Board up to September 30, 1880, were $325,830, of which $210,177 were expended by the Board, and $115,653 by the Southern States. Among the expenses of the Board are included—for pay of members, employes and inspectors, $58,011; for printing bulletin, $7,560; for floating quarantine on the Mississippi river, $50,226; for Ship Island quarantine, $30,726; for pay of the Havana yellow fever commission, $12,976, and for a report on yellow fever of 1878, $1,800. The following are among the amounts reported as expended among the States: Alabama, $2,195; Arkansas, $7,720; Florida, $6,201; Georgia, $246; Louisiana, $18,061; Mississippi, $16,896; Tennessee, $52,111, and Texas, $660.

"Since the date of the last quarterly report of this Board, the sanitary survey of selected portions of the city of Baltimore, which had been undertaken in compliance with the request of the city council, as set forth in a correspondence between the Mayor and President of this Board, has been completed, and the report of Dr. C. W. Chancellor, who had been appointed to conduct the work, has been forwarded to the Mayor for transmission to the council. This survey was ordered, not with the view of relieving the municipality of Baltimore of any part of the expense of needful sanitation, but in order to demonstrate to its authorities, by means of the results of such partial survey, the urgent necessity for prompt action on the part of the council looking to the completion of a similar survey of the entire city, and to enforce the recommendations heretofore made by this Board for a complete system of sewerage on some uniform plan, to be selected after a topographical survey of the city shall have been made by competent engineers. It is the opinion of this Board that the methods at present in use for the disposal of excremental filth in that city are fraught with great danger to the future health of the community, and in the event of the introduction of infectious disease may imperil all the surrounding country."

VOMITING OF PREGNANCY TREATED BY ETHER SPRAY.—Dr. F. W. Lester, of Key West, Florida, calls attention in the *Medical Record*, October 23, to the use of the Ether Spray in the treatment of obstinate vomiting of pregnancy, He says, "I conceived, however, the idea that freezing the pneumogastric near its origin might possibly control the intensely irritable stomach, and suggested it to the doc-

tor, who also reasoned that my theory was sound and logical, and in view of this fact we at once commenced the process of freezing the nerve in its track, under the sterno-mastoid on both sides of the neck alternately. The effect was indeed remarkable for decided benefit was observed after the first trial, and during the first twenty-four hours the woman vomited only four times, and in three days the vomiting ceased entirely, This process was performed every two hours the first day, and at much longer intervals during the second and third days, and continued ten minutes at each sitting; the pulse was closely observed."

ARMY NEWS.

Official List of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from October 10, 1880, to October 16, 1880.

LIPPINCOTT, H., Capt. and Asst. Surgeon. Granted leave of absence for six months. S. O. 218, A. G. O., Oct: 12, 1880.

POPE, B. F., Capt. and Asst. Surgeon. Having reported at these headquarters, is assigned to duty at Fort Sully, D. T. S. O. 122, Department of Dakota, October 9, 1880.

WILSON, WM. J., Capt. and Asst. Surgeon Having reported at these headquarters is assigned to duty at Fort Meade, D. T. S. O. 121, Depart- of Dakota, October 6, 1880.

MATTHEWS, W., Capt. and Asst Surgeon. Having reported at these headquarters, is assigned to duty at the Cantonment on the Uncomphagre, Col. S. O. 223, Department of the Missouri, October 8, 1880.

SEMIG, B. G., Capt. and Asst. Surgeon. Fort Fred. Steele, Wyo. Ter. Granted leave of absence for one month. S. O. 95, Department of the Platte, October 9, 1880.

SHANNON, W. C., Capt. and Asst. Surgeon. Granted leave of absence for six months. S. O. 220, A. G. O., October 14, 1880.

COMPLIMENTARY ENTERTAINMENT.—A complimentary entertainment was given to Dr. W. T. Councilman, of this city, at the Rennert House, on Thursday evening, the 28th of October, by a few of his professional friends. Dr. Councilman will take the steamer leaving this city, November 11th, for Bremen. He will spend two years abroad, dividing his time between Vienna and Leipsic, with a view of perfecting his studies in Pathology. Dr. Councilman is one of the younger members of the profession, in this city, whose career has opened with promise of success and distinction in scientific work. His genial manners and strong mental qualities have drawn around him a number of attached friends, who will watch his professional advancement with feelings of deep interest.

This entertainment was given by Drs. R. B. Morison, H. C. McSherry, J. E. Michael, T. Morris Murray, J. G. Jay, H. Harlan, F. W. Pearson, S. Costin and T. A. Ashby. It was an occasion of great social enjoyment, long to be remembered as one of those links which bind men together in friendly purposes and animate them with high aspirations in professional undertakings.

During his residence in Europe Dr. Councilman has consented to become a frequent correspondent to this JOURNAL, and through its pages to keep our readers posted in medical thought and news from the "old world."

NEWS ITEMS.—Dr. G. T. Thomas, of New York, is building a private hospital for the care and treatment of women in that city. . . Boston has discovered a bogus diploma mill, an off shoot of Buchanan. . . . Messrs. Lindsay & Blakiston have issued the Physician's Visiting List for 1881. . . Prof. Delpech, of Paris, a distinguished hygienic writer, died recently from heart disease, aged 62 years. . . The *Centreville Maryland Observer* says: "A negro man on Kent Island, by name Dan Web-

ster, has been voting the Democratic ticket ever since his franchisement; and strange to say, from that cause or some other, he is gradually growing white. A considerable part of his face is now whiter than the whitest face of one of our own race." . . The opening address at the College of Physicians and Surgeons, New York, was delivered by Dr. E. C. Seguin, on "The Cultivation of Specialities in Medicine. . . Prof. Buhl, of Munich, widely known through his researches into the pathology of tubercle is dead. . . Professor Klebs has tendered his resignation as Professor in the University of Prague, on account of misunderstanding with his colleagues.

Obstinate Epistaxis Dependent on Cirrhosis of the Liver.—M. Garnier relates a case which he observed in Prof. Verneuil's service. A robust man was admitted on account of an epistaxis which had continued for two days, having been arrested from time to time by means of the plug. Prof. Verneuil plugged the nostrils before and behind, and, supposing that it might be a case of intermittent epistaxis, prescribed quinine The hemorrhage persisted, and ergotine given internally and injected into the ala nasi proved of no use. Digitalis arrested the bleeding for two days, when a minute examination of the man having revealed the existence of cirrhosis of the liver, a large blister was applied over the hepatic region, and the epistaxis was definitely arrested.—*Med. Times and Gazette.*

Formula for Sore Nipples.—Dr. Howell recommends the following in the *Canada Medical Record:*

℞ Tannin, ʒj.
Sub-nit bismuth, ʒij.
Vaseline, ʒj.

M. Sig. To be applied constantly when the child is not nursing.

Dr. W. W. Keen, in the *Philadelphia Medical Times*, calls attention to the following *new uterine tenaculum.* When a tenaculum is used, either the operator is deprived of one of his hands for other purposes, or else an assistant must use it, in which case his hand is often very much in the way. This tenaculum is one and a half inches long, and has two hooks. Of course the size of the instrument and the number of hooks can be varied at will. The peculiarity of the instrument is that it has no handle. Instead of this it has an eye, which is threaded with wire. The tenaculum is then inserted into the uterine lip by means of dressing or other forceps, the wire is drawn right or left, and fastened by winding it around some suitable part of the speculum. If such suitable projecting part be only on one side, a slight groove can be nicked in the edge of the speculum at any point, and the wire be passed first through the groove. By this means both of the surgeon's hands are free, no assistant is needed, and the needed space is not narrowed by any hand.

Experience with eight Hundred Obstetrical Cases.—Dr. W. J. Kelly gives a summary (*Ohio Medical Recorder*) of 800 obstetrical cases, and appends to his analysis some very sensible conclusions from his experience.

The forceps he commends very temperately; he prefers the long forceps of Hodge. For rigidity of the os uteri he strongly recommends warm baths or tincture of lobelia in doses sufficient to produce nausea. Ergot he condemns as a very dangerous drug, which he has used with more caution every year. Following the administration of chloroform, he has always found more danger from post-partum hemorrhage, and its use during application of forceps is unqualifiedly condemned. Version has been the trial of his life, and is never resorted to when it can be avoided. In puerperal

fever, veratrum viride and quinine have always acted well. In placenta previa his practice always has been to divide the placenta with the fingers, rupture the membranes, and allow the head to descend. In this way hemorrhage has always ceased, and labor progressed favorably.—*Med. Record.*

Case of Prolonged Gestation.—Mrs. D , aged thirty-four, married, and mother of four children. Menstruated on the 28th day of August, 1875: had connection with her husband second day thereafter; symptoms of pregnancy (morning sickness) manifesting themselves within ten days, there was no doubt that she was enciente. Quickening took place at four and a half months, and everything became normal, she expected to be confined, at the furthest, in the early part of June. I contemplated visiting Philadelphia, but at her urgent request I remained to deliver her, and did remain till the 20th of June; then, there being no indication of labor, I started on my centennial visit, returning home on the 27th day of July. I found that she had not yet given birth to the child, nor did labor set in until the night of the eighth of August. Nothing unusual was encountered except a firmly ossified head, the fontanelles being firmly closed, though the head was small; no appearance of an over-developed fœtus existed. The labor was completed in six hours; mother and child both did well. Taking the date of last menstruation, to June 7th, 1876, would make 280 days, to August 8th would make the time between menstruation and delivery 341 days.—*Am. Jour. Obstetrics.*

Ipecac in Dysentery.—Dr. J. H. Courtenay, of Jamaica, writes in *The Lancet*

"And now it will be asked, Does the ipecacuanha treatment never fail? and is it an absolute specific for dysenteric disease? I can unhesitatingly answer, as far as my experience enables me to do so, that in the great majority of cases it most certainly does not fail, and that its effects are often magical; but I have met a few cases where no precautions or varieties as to administering small or large doses of the drug seemed to be able to avert the absolute intolerance of it. Under these circumstances I administered a bismuth-and-soda mixture containing five drops of sedative solution of opium in each dose. I also gave a powder containing mercury with chalk and compound ipecacuanha powder every four hours, and an opiate enema at night.

I consider that when a patient suffering from dysentery is unable to take ipecacuanha his chances of recovery are seriously lessened by such inability."—*Amer. Practitioner.*

Dr. Skene, at a recent meeting of the New York Obstetrical Society, referred to the use of the root of the common slippery-elm for probes and dilators in gynæcological cases. His attention had first been directed to their use by Dr. Tuckerman, of Ohio, who had employed them successfully. If a piece of the length desired, rounded at the end, the bark being left on, were dipped in warm water for a few minutes, its flexibility and mucilaginous covering would enable the operator to dilate the urethra or the cervical canal, or explore cavities, with more facility and less damage to the mucous membrane than with any dilator he had ever employed.—*New York Medical Record.*

Annual Meeting of Va. State Med. Society.—The annual meeting of this Society met in Danville, Va., Oct. 19th, and remained in session three days; about forty members were present. The usual routine of business was presented and the usual number of original papers read. Dr. Hunter McGuire, of Richmond, Virginia, was elected president for the ensuing year. The next annual meeting will be held in Winchester, Va. in Oct. 1881.

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THOMAS A. ASHBY, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

LECTURES.

MEDICINAL ERUPTIONS.

BY I. EDMONDSON ATKINSON, M. D.,

Clinical Professor of Dermatology, University of Maryland.

(*A Course of Three Lectures Delivered During the Preliminary Term September 27th, 28th and 29th, 1880, before the Medical Class of the University of Maryland.*)

Gentlemen: — The healing art is based upon a knowledge that certain substances in organic and inorganic nature possess properties whereby they exert peculiar influences either upon the whole animal system or upon certain of its organs and parts. These influences are pretty uniformly observed, and, within certain limits, may with confidence, be expected. In addition to such actions, however, which depend upon certain fixed relations between the animal economy and the substances ingested, there are in certain individuals peculiar conditions of receptivity, whereby there is exhibited an inexplicable intolerance of some agents, totally at variance with what is usually observed and reasonably to be looked for. These idiosyncrasies, as they are called, seem to depend upon no recognizable conditions, and reveal themselves, now in one way, now in another; and when once declared, generally remain unchanged, producing their peculiar phenomena whenever their exciting causes are in operation.

Some persons invariably experience violent attacks of indigestion after imprudent indulgence in pork, veal, crabs, lobsters, muscles, oysters, strawberries and numerous other articles that most people may eat without discomfort. In such individuals, not only are disorders of the alimentary tract thus occasioned, but through certain causes, probably most often through some irritation of the nervous system, there are determined derangements in other parts of the body; and in none are these effects more often observed than in the skin We constantly encounter persons who, after eating one or the other substances now referred to, always experience attacks of erythema, urticaria, pruritus, etc., associated with disorders of digestion, or occurring independently of them. In others, we observe the same predisposition, but in a markedly less degree, since in them these results will follow only under modified conditions, when the system has been ren-

dered more susceptible by reduced health or by causes that may escape recognition.

In just the same manner, the ingestion of various substances used medicinally may be followed by morbid manifestations on the part of various organs, such as experience has usually led us not to expect; and of such disorders the skin is not a very unfrequent site. These cutaneous eruptions may be the result of a purely reflex irritation, or they may be due to the direct action of the drug upon the part, either in consequence of some selective action or through an irritant influence exerted in its excretion. Much literature, comparatively, has been contributed to the study of these eruptions, but for the most part in fragmentary and scattered articles; and the principal object I have in view in offering these lectures, is to attempt to bring together whatever has been written about them; for although the vast majority of cases in which these remedies are employed never exhibit any of the cutaneous disturbances referred to, their occurrence in one form or another is more or less frequent in the experience of every practitioner.

Therefore, a correct knowledge of the various eruptions occasionally evoked by the administration of medicines will often enable one to avoid embarrassing errors, and to save one's patients from what might be, indeed, not very unfrequently have been, persistent sources of annoyance; for, not only may the symptoms simulate the characters of ordinary well know cutaneous affections, but even most serious disorders, such as measles, scarlatina, even small-pox.

I propose to ask your attention, first to the various cutaneous lesions due to the presence of chloral hydrate in the organism.

CHLORAL HYDRATE.

Since the introduction of chloral hydrate as a remedial agent, it has been found that there are many disadvantages connected with its use. These are for the most part dependent upon the free and indiscriminate manner of its employment, and in a measure to unusual individual susceptibility to its physiological action, as is observed in the administration of many drugs. With the results of acute poisoning with the chloral hydrate, we are not at present concerned; and of chronic poisoning in its ordinary sense, I shall speak only so far as concerns cutaneous manifestations and such symptoms as are usually associated with them.

Already as early as 1871, it was noted by Husband (*Lancet*, 1, 1871, p. 25), Smith (*Boston Medical and Surgical Journal*), Schüle (*Allgemeine Zeitschr. f. Psychiat.*, 1st ser., 1871), Dr. Fischer (*Brit. Med. Journal*, 25th Feb., and 1st April, 1871), Crichton Brown, and others that the administration of chloral hydrate was occasionally complicated with cutaneous eruptions. Since then important additions to our knowledge of these eruptions have been made by Ludwig Kirn (*Allgemein. Zeitschr. f. Psychiat.*, 1872), and more recently by Mayor (*La France Medicale*, Jan. 8 and 11, 1879), and by Martinet (*These de Paris*, 1879); so that at present we are able to draw tolerably definite conclusions as to the phenomena of chloral hydrate eruptions. The last named author has given the subject most careful consideration, and his thesis is a very complete contribution.

The most commonly observed and certainly the most clearly defined chloral eruption manifests itself as an erythema possessing quite peculiar characters and occurring for the most part under certain notable conditions. This chloral erythema or chloral scarlatiniform rash, as it has been called, has, by nearly all of those who have written about it, been observed to follow a more or less regular evolution, beginning in all cases in nearly an identical manner. A patient who has

taken chloral hydrate for a longer or shorter period, and upon whose integument the rash in question begins to appear, will almost invariably exhibit first upon the face and neck, more or less suddenly, erythematous patches, following a diffused redness of the face. These patches usually extend and coalesce; they spread to the shoulders, the trunk, the neighborhood of the large joints, the backs of the hands and feet, and may even invade the entire surface of the body, exhibiting greater intensity upon the extensor surfaces. These areas of eruption are very slightly elevated, and are a dark crimson color; this is especially true when the face is involved, where the chin alone possesses any immunity. The boundaries of the eruption are usually quite clearly marked.

In other parts of the body the rash becomes more rosy in color and may become pale red. When it is universal, it assumes a scarlatiniform character that is very deceptive. It is possible for the rash to become general at once, but the pretty constant rule is for it to begin upon the face as described, and to gradually extend to other parts of the body. When the eruption is well established, the face will be puffed and œdematous, and there may be associated considerable conjunctival hyperæmia, suggesting an impending attack of measles, particularly so, when associated with certain symptoms presently to be described. Though the skin may be intensely dusky, there are usually no subjective symptoms beyond a mild sensation of heat and pricking; indeed the patient will not seldom be unaware of anything wrong with his skin, his attention being principally engaged with other and more distressing general symptoms.

The rash begins to fade after several hours, and in the course of a day or two becomes very pale; disappearing with occasionally slight desquamation, thus heightening its resemblance to scarlet fever and measles. This is about all there is of the rash (although Kirn has noticed an eruption similar to erythema papulatum), and it is described in pretty much the same terms by all writers.

But a high degree of interest attaches itself to the concomitant symptoms, and certain specially predisposing influences. Crichton Brown first recorded, and Kirn and all recent writers have confirmed his observation, that the ingestion of alcohol exerts a powerful influence in determining the rash. Lately it has been asserted (Mayor, Martinet) that the simple ingestion of a meal is sufficient to initiate the eruption in certain persons under the influence of the chloral hydrate. Under these circumstances a single glass of beer will determine the eruption, and it has even been known to do this where the patient had taken the chloral for a considerable period without inconvenience, while avoiding the use of alcohol. The cutaneous symptoms, appear very shortly after alcohol or a meal have been taken. In this way the eruption will undergo daily exacerbations, so long as the chloral hydrate is administered, disappearing within a few days after its abandonment.

Associated with these cutaneous manifestations are very remarkable disturbances on the part of the pulmonary and circulatory systems. Preceding or accompanying the rash, the patient usually experiences flushes of heat and a general feeling of depression; almost at the same time, great difficulty of breathing supervenes, and the pulsations of the heart may become extraordinarily frequent, attaining from 120 to 130 beats to the minute, and assuming a violently forcible action. At the same time, close attention will reveal no abnormal pulmonary signs. Likewise, while the heart beats furiously, and while the patient experiences sensations of heat of skin and fullness of the head, there is no febrile re-action, the temperature

remains normal. This, however, is not always the case, for the rash *may* be accompanied by febrile excitement, when, if sore throat be present, as sometimes happens, scarlatina may be very closely simulated, the peculiar strawberry tongue of this affection only, being absent (Burmau, *Lancet* 1, 1872, p. 356).

These are not the only cutaneous symptoms that may develope in the course of chloralism. Crichton Brown has reported cases where a purpuric eruption appeared, associated with alarming symptoms, and in one instance death ensued, preceded by somnolence, weakness, congestion of the lungs; the fatal issue following several fainting fits. Other cases of chloral purpura followed by death have been reported, but it is not certain that these symptoms were not due to other causes than the chloral hydrate.

Kirn (loc. cit) has related an interesting case where the persistent use of the chloral evoked an eruption beginning as an erythema, but passing into a discharging eczema, followed by copious desquamation of many weeks duration, and later, by an abundant shedding of the hair, with loss of all of the nails of the fingers and toes, and ultimately with the formation of abscesses in the arms and shoulders, and a condition similar to general blood poisoning. In this connection we have the suggestive record of four cases by the late Prof. N. R. Smith (*Lancet*, 1871, 2, p. 466), where there was desquamation of the cuticle, and ulceration about the nails, and in one case death from general œdema, with bronchial effusion, profound weakness and failure of heart action, supposed by him to be due to chloral (*Boston Med. and Surg. Journal*, 1871). *Proceed. Med. and Chir. Faculty of Maryland. Baltimore Med. Journ. 1871, p. 272.*

Urticaria must be included with eruptions due to this cause, as numerous cases have been reported.

It is difficult to determine the conditions of the appearance of chloral eruptions. It seems quite certain that individual predisposition plays an important part in their production. Those persons who have once developed them seem always liable to fresh attacks when taking chloral, and Kirn could in a series of patients reproduce the erythematous rash at will. As in the case of most other medicinal eruptions neither sex, age nor conditions of general health can be held responsible, though Martinet is inclined to think the rash is more frequently seen in persons of nervous temperament, hysterical persons, those attacked with nervous disease, etc. This, however, may be accounted for, as he candidly admits, by the fact that it is to such persons that one usually administers the chloral hydrate. The dose requisite to call forth chloral eruptions seems to be not fixed, nor does the duration of treatment have any important influence.

It has been noted how closely chloral erythema may resemble the rashes of scarlatina and measles. It may be distinguished from these and those of the other eruption fevers by the absence of prodromic symptoms and, usually, the fever that characterises the latter. There are medicinal rashes from other medicaments, such as belladonna, quinine, copaiba, etc., that may offer characters not to be distinguished from chloral erythema, and in all cases it will be necessary to inquire carefully into the history of the patient before framing a diagnosis, since the eruption does not differ from any other erythema and we are only able to establish differences, etiologically. The dyspnœa and violent heart action are usually not present in other forms of erythema and they will materially aid the observer when present, a fact that it will be well to bear in mind is that surgical erythema and emotional erythema may lead one astray in judgment. The former occurring in the course of the traumatic

diseases, the latter in certain very impressionable individuals, principally young females, whose varying emotions often call into the skin of the face, neck, and even shoulders and bosom diffused and mottled patches of blushing redness. The other forms of chloral eruption are excessively rare, and afford no characteristic symptoms. The history of the patient will alone elucidate the nature of his eruption.

The immediate cause of the chloral erythema, has been attributed by some writers of eminence to the irritation caused by the supposed elimination of the drug by the skin. This can hardly be the case, however. In the first place the elimination of chloral hydrate by the skin is entirely conjectural, since no definite knowledge of the process by which the system gets rid of the drug, is available; and, secondly, there are strong reasons for attributing the phenomena to other causes. They have been considered to be the results of vaso-motor paralysis by Crichton Brown, Kirn, Schüle; while the latter writer also accounts for the accompanying dyspnœa, by the hyperæmia of the lungs from paralysis of the vaso-motor center and the medulla oblongata. But it is to Martinet's work, already quoted, that I must refer for a thorough resumé of this subject. He accords with the writers just mentioned in attributing the dyspnœa of chloralism to vaso-motor paralysis and accounts for the accelerated and forcible heart-action by the very greatly decreased vascular tension resulting from this paralytic influence of the choral over those vessels; the result being, as is well known, increased frequency of the heart beat. But to account for the increased force of the action he has recourse to the theory of paralysis of the vagus nerve. "Indeed, it is known that this paralysis of the vagus nerve produces an excitation, an acceleration of the movements of the heart. It is true that we have likewise admitted a paralysis of the great sympathetic, and that this paralysis, according to certain authors, provokes a diminution of the movements of the heart (compensative). But it must be added, that according to a large number of physiologists the antagonism between the action of the sympathetic and that of the pneumogastric is by no means proven. Several admit that this paralysis of the sympathetic inducing, as is known, vascular dilatation with diminished tension, contributes also to produce the phenomena of palpitations. The two causes, paralysis of the sympathetic, paralysis of the pneumogastric unite to produce the same effect and even to augment it." (op. cit p. 70.)

Questions of prognosis and treatment can hardly arise in the consideration of chloral eruptions. These are nearly always of slight moment and one can confidently predict their disappearance upon the withdrawal of the exciting cause. In the rare event of the more severe eruptions intervening, both prognosis and treatment will depend, not upon the lesions but to the degree to which the general organism has been overpowered by the poisonous action of the drug.

[*To be Continued.*]

Bromide of Ethyl as a Local Anæsthetic.—M. Perler, of Paris has used bromide of ethyl succcessfully as a local anæsthetic in a number of instances. In consequence of its non-inflammability it can be employed when the actual cautery is to be used. —*La France Medicale.*

The Medical College of the State of South Carolina. (Charleston, S. C.), has lengthened its period of tuition to three years, and offers very superior advantages to its future classes.

REPORTS OF CASES.

THREE CASES OF PROBABLE RUPTURE OF THE KIDNEY.

BY OSCAR J. COSKERY, M. D.,

Professor of Surgery, College of Physicians and Surgeons, Baltimore, Md.

John G., German brewer, aged 40, fell at 1.30 P. M., on August 23rd, 1880, into a cellar 13 feet deep. He struck "in a lump," but when carried out complained mostly of pain in right axillary line, near ilium, and over right shoulder. Was brought in a wagon about three-quarters of a mile to St. Joseph's Hospital. Upon being lifted into the semi-recumbent position by those carrying him, blood was noticed to be running from him. This continued until he was put at full length in bed, and the blood was then found to be coming from his penis. The medical gentleman who saw him soon afterwards found him greatly collapsed, but the bleeding had ceased. During the night the patient passed four urinals full of what the ward attendant said was pure blood. When I saw him on August 24th, at 9 A. M., the following was his condition: Pulse scarcely perceptible, respirations slow and surface cold. There were a number of bruises over him, a fracture of last two ribs (right side), an ecchymosis extending from last right rib to crest of ilium, and a dislocation forwards of right upper extremity; the acromial end of right clavicle lying upon the middle of the spine of scapula. In my presence he passed two-thirds of an urinal full of fluid from his penis which was said by the attendants to be precisely like that passed during the night. This fluid consisted of almost pure blood—at least one-third clotting, with very little urinous odor. The collapse still continued, and patient had vomited during night. At 5 P. M., he was decidedly rallying under whiskey, beer, milk and beef tea. The skin was warmer, and the urine had been passed twice since morning, but still presented the same characters as before.

August 25th, 9 A. M.—Patient has had a pretty good night, but complains a little of his side and shoulder. Has passed bloody urine twice which did not coagulate. Again, in my presence, passed an urinal full of coffee-colored fluid distinctly urinous in odor. Reaction is now completely established, and he is doing well.

August 26th—The urine is pale, amber in color, and not a tinge of blood is noticed. The patient is, so far as this symptom is concerned, well.

Now what was the cause of this bloody urine? I start with the proposition that it must have been due to one of these four conditions, viz: the sudden succussion producing over distension of the vessels of the bladder; the hæmaturia sometimes produced by any serious injury or operation, and probably a consequence of serious central nerve shock; injury to, or rupture of the vessels of the perineum opening into urethra; or, partial rupture of the kidney, with free exit of the blood through the ureter. In reference to the first proposition that it might have been due to succussion or the sudden arrest of the current in the veins of the bladder, as generally occurs in the lower limbs from falls upon the feet. This must very rarely happen in the bladder, for, if the viscus is empty, it is so contracted down that the opposite walls support each other; if it is distended with urine, the very presence of this fluid gives support. Again the hemorrhage, few, if any vessels being squarely ruptured, would have soon ceased. As to the hæmaturia that sometimes occurs after severe operations or injuries, especially in the neighborhood of the kidney—that is most apt to be intermittent, there being intervals of bloodless urination, and as said above most probably depends upon some serious temporary or permanent central nerve lesion. The

third proposition, that it might depend upon some rupture of vessels in the perineum due directly to injury to that part is, I think, negatived by the fact that there was absolutely no extravasation there, no wound and no pain even when the finger was passed into the rectum and strong pressure made forwards and downwards.

I am thrown upon my last conclusion, that this hemorrhage came from the kidney. I am perfectly aware of the fact that in the face of the complete recovery of the patient, and of the, fortunate for him, absence of a post mortem, it is difficult to prove. Still taking into consideration the great shock, the large amount of blood lost, the gradual subsidence of the hemorrhage, the point of greatest force of the blow, right over the region of the right kidney, and the pain felt upon deep palpation over this organ for some days after the urine cleared entirely, it seems to me a very plausible belief. If the hemorrhage did come from the kidney, there must have been a free opening into the ureter. The common test in malignant bleeding from the kidney, the presence of blood-casts, would, I should think, have failed in a case due to rupture, but I regret that neither it nor the spectroscopic test (which would have shown still less), were tried in this case.

To the above case I think I may fairly add the following: the notes are much condensed from my note book of that year.

Henry D., a carpenter, aged 32, fell nearly 35 feet, together with some beams and planks. When seen, eight hours afterwards, on night of October 25, 1878, he was found to be covered with bruises one of the largest of these being located directly over normal situation of the right kidney, and he was stiff and sore. Had passed no urine, but, as the bladder was not distended I decided to let him alone until next morning. There was no paralysis or anæsthesia of lower limbs. The next morning, no urine having been passed for 28 hours, a catheter was introduced, and about half a pint of what seemed clear urine first came away, then became more and more mixed with blood, until when nearly a quart had passed altogether it presented the characters of pure blood and was only stopped by withdrawing the catheter. Pulse was 88, temp 100°. At 7 P, M., catheter again drew off nearly a quart of bloody urine. The abdomen tense and tympanitic but not painful.

October 27, 9 A. M. Patient had a good night, has had no chill or pain, and can now move his limbs better. Has passed naturally 1½ pts water stained with blood. Pulse 71, intermittent. The urine contained blood and highly colored until December 31st when it became normal. This patient left the hospital on November 7th, 1878 and went to work.

The next case is that of Conolly, aged 20, who was treated in the City Hospital, late in 1879, for a kick given by a mule directly over the left kidney. Blood was discharged freely for the first few days and decreasing in quantity disappeared entirely about ten days from time of injury. The patient left hospital less than a month from entrance seemingly well. The next heard of him he had made his appearance at the City Alms-house, in February, 1880, suffering from obscure abdominal symptoms. The following account I have been kindly given by Dr. Councilman, then at Bay View. He says; The "urine was examined for three weeks before death, always pus in considerable amount. Hyaline casts in last two or three examinations, gradual emaciation, hectic and sudden death. Post–mortem; immediate cause of death, Pericarditis. Pericardium enormously distended with fluid. Lungs, seat of extensive hypostatic congestion, no consolidation, no abscesses. Liver healthy, right kidney larger than normal, though section showed healthy. A large

abcess was found under the sub-peritoneal fascia, beneath and around kidney, The pus had burrowed in the tissues around extensively, particularly in the psoas muscle. No opening of the abscess inwardly, as far as could see, no communication between pelvis of kidney and abscess. Kidney much atrophied. Perforation had taken place into the colon. A circumscribed peritonitis over the abscess involving the spleen and colon, both of which were firmly tied down by adhesions. Pus was found in the colon. Bodies of vertebræ examined and found healthy."

It will be observed from the above notes that the patient died with a large abscess in the belly, wh ch abscess surrounded the kidney immediately supposed to have been injured by a blow received only a few months before. It may have been simply a perinephritic abscess, but we must remember the early history of the case, the bloody urine, and the pus in the urine before death. I don't think for a minute that the psoas muscle had anything to do with the abscess

SOCIETY REPORTS.

REPORT OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.

MEETING HELD OCTOBER 13TH, 1880.

(*Continued from last Number*).

Dr. Wilson next introduced Dr. T. A. Ashby, who read an address on "Medical Journalism in Baltimore." Dr Ashby remarked that the history of Medical Journalism in Baltimore dated to a period as far back as seventy-two years ago. The third medical journal edited and published in the United States was established in Baltimore, in the year 1808, by Dr. Tobias Watkins. This journal was called the *Baltimore Medical and Physical Recorder.* It was published quarterly, in the months of April, August, November and January. The first number was issued April, 1808. It contained 80 pages of printed matter. This journal only reached volume 11, number 1. It was conducted with energy and ability, but perished from want of professional support and encouragement.

The next medical journal established in Baltimore was edited and published by Dr. Nathaniel Potter. This publication was named the *Baltimore Medical and Philosophical Lycæum.* The first number was issued April, 1811. It appeared quarterly, and contained 100 pages of printed matter. It was poorly supplied with original matter, and did not exhibit the hardihood of its predecessor. This journal lived only one year. The next venture in medical journalism in this city was even less successful than the two referred to. In the year 1823, eleven years subsequent to the suspension of Dr. Potter's Journal, Dr. John B. Davidge established a quarterly journal with the title of "*The Baltimore Philosophical Journal and Review.* This enterprise was undertaken by the editor, and several medical gentlemen. Only one number of this journal was issued. In his prospectus the editor uses the following language, which is so applicable at this day that we give place to it here. "That Baltimore among the most prosperous in commerce, and respected in intellectual distinction of the cities of America should be without a periodical work either in general literature or particular science excites astonishment. Our physicians, many of whom are distinguished for genius and acquirement are discouraged by the anticipation of the trouble and expense of individual publication, or deterred by the prospect of appearing alone before the public eye; they pass their lives in silence, and their copious research and extensive experience lie burried and lost, or at best are made known to the world through distant channels. Thus Baltimore stands obscured, while other cities, though erroneously, are regarded as the sources and fountains of science, when in fact they are often the mere conduits through which the streams of our learning flow. Merit is neglected because it does not appear and modesty pines, while assurance is applauded."

Strange to relate this appeal failed to enlist professional co-operation and Dr.

Davidge's Journal did not appear in a second number.

The next journal published in Baltimore was edited by Dr. Horatio G. Jameson, a gentleman of ripe culture and distinguished ability as a surgeon. This journal was named the *Maryland Medical Recorder*. The first number was issued in September, 1829. It was published quarterly until the close of volume II. With the commencement of volume III, it was changed to a semi-annual to be issued in April and November. Only one number appeared after this change. The *Maryland Medical Recorder* was managed and edited with much ability. It was well supplied with original matter, and its editorial conduct was a decided success. It evidently perished for want of close business management.

During the publication of the *Recorder* a rival journal appeared in this city under the name of *The Baltimore Monthly Journal*. This publication was edited by Dr. Nathan R. Smith. The first number was issued in February 1830. It was supported by an Association of Physicians and Surgeons. This journal suspended after the close of the second volume. It was the first monthly medical journal ever published in Maryland. In the year 1833, another journal was established in Maryland with the title of the *Baltimore Medical and Surgical Journal and Review*. This publication was edited by Dr. E. Geddings, Professor of Anatomy and Physiology in the University of Maryland. The journal was issued semi-annually and lived two years. At the close of volume II, it was discontinued, and a monthly journal entitled the *North American Archives of Medical and Surgical Science*, appeared as a substitute by the same editor. Why this change of names we are unable to surmise. It must have been a source of weakness to the publication. This latter journal reached volume II, number 6. From the year 1834 to 1849, Baltimore was again without a medical publication. During the latter year the *Maryland Medical and Surgical Journal* was established under the auspices of the Medical and Chirurgical Faculty, and as an official organ of the United States Army and Navy. This journal was edited by an editorial committee selected by the Faculty. It appeared quarterly, and lived until March, 1853.

From 1853 until 1860 the profession of this city was again without a medical publication. In the month of January, 1860, the *Virginia Medical Journal* changed its name to the *Maryland and Virginia Medical Journal*, and entered upon a new series beginning with volume XIV, number 1. Dr. W. C. Van Bibber, of this city, became associated with Dr. J. B. McCaw, of Richmond, Virginia, in its editorial management. This journal suspended in 1861.

Dr. Edward Warren established the *Baltimore Journal of Medicine* in January, 1861, as a bi-monthly publication. Only two numbers were published.

In January, 1870, *The Baltimore Medical Journal* was established and edited by Drs. E. Lloyd Howard and T. S. Latimer, and entered upon a career of usefulness, which was cut short by its suspension at the close of number 10, of volume II. At the beginning of volume II, the name was changed to the *Baltimore Medical Journal and Bulletin*.

In September, 1872 *The Physician and Surgeon* was published monthly under the auspices of the College of Physicians and Surgeons, and was mainly supported by contributions from members of the Faculty of this school. At the beginning of volume II, its title was changed to the *Baltimore Physician and Surgeon*. This publication reached volume VI, number 5, and then suspended.

The next medical journal established in Baltimore was the MARYLAND MEDICAL JOURNAL. The first number was issued May, 1877. It was published monthly until May, 1880, and at that time changed to a semi-monthly. It has now reached volume VII, number 12, and has lived longer than any medical journal ever published in the State without a change of title. It is the only semi-monthly journal ever published in Maryland.

The last medical journal established in Maryland is the *Independent Practitioner*. The first number of this journal was issued January, 1880, and up to this date, nine numbers have appeared. It is published monthly by Drs. H. L. Byrd and B. M. Wilkerson. It differs from any other medical journal ever pub-

lished in the State by the addition of a Department devoted to Dental Science.

Records of twelve medical journals published in this city from the year 1808 to the present date have been given. Of this number only two survive; of those which have suspended only one lived to see vol. vi. No. 5; of the two living one has reached vol. vii. No 12. The cause of the failure in medical journalism in Maryland was discussed at some length. It may be briefly stated here. Every journalistic enterprise has been undertaken by the editor, or by an association of physicians. Many of these publications were established with other objects in view than the one of money making. The majority of them have failed from bad business management and from a misunderstanding of the necessary requirements to give permanent success to such enterprises. Most of these publications were too local in their scope and application, and relied too implicitly upon home patronage for support. In not one instance was this ever liberally given. The value of a medical publication to the profession of the State was not appreciated in the full sense designed by those who undertook to edit and publish medical journals in Maryland. This wavering uncertain policy in the conduct of medical journals has greatly retarded the growth of an independent literature here and has made it difficult to give a permanent value to all new enterprises in journalism. No inherent cause remains why medical journalism should not succeed as well in Maryland as in other States. The great medical publications established in other large cities have been conducted as business ventures by wealthy publishers. They draw strength from every source and have carried journalistic enterprises through critical financial periods until they became strong and vigorous institutions.

Dr. Cordell read the next paper on the "MEDICAL SCHOOLS OF BALTIMORE," of which we offer the following abstract:—

He began by a reference to the importance of *medical education*.

"It lies at the root of the whole system of human activity, of which we are the representatives, and the character of the superstructure is dependent in no small degree upon the foundation upon which it rests." The attachment to the institutions in which we have received our training gives the subject a more personal interest. The interest is increased at this time by the reform movement which has set in in this country and is making sure progress He regretted that he could not record, as yet, the workings of this movement in Baltimore. He could not sympathise, however, with those pedants, who, having adopted measures of reform, look with contempt or indifference upon the past, which contains so much that is excellent, so much that is great in sentiment and achievement. In considering medical education as it has existed in Baltimore, allusion was made briefly to attempts in 1789, 1797 and 1803 to establish medical schools, which, however, were not successful. A "collegium medicorum" was established about 1801, if we can trust to a diploma,* which professes to have been granted by such an institution in 1822. Careful investigation had failed to elicit any further information in regard to this "college," if college it was.

The first medical school established in Baltimore, took its origin in an act of the Legislature passed December 18th, 1807, and owed its existence chiefly to Dr. John Beale Davidge who had been giving private courses of lectures for some years previously. He was ably assisted by Drs. James Cocke, a Virginian, and John Shaw, of Annapolis. The name of this institution was The "College of Medicine of Maryland." The difficulties encountered were at first almost insurmountable, but by the zeal and liberality of the Faculty, and the aid procured from the establishment of a lottery, the elegant building on the corner of Lombard and Green Streets was erected in 1812–13, at which time also, the institution was converted into a university, with Faculties of Law, Theology, Arts and Sciencies, the whole constituting a Board of Regents, into whose hands the affairs of the institution, as reorganized, were intrusted. Success was now assured and the size of the classes increased until in 1825 it numbered about 300; meanwhile "Practice Hall" and the "Baltimore Infirmary" had been erected and the valuable museum of the late

*In the possession of Dr. John Morris of this city

Prof. Allen Burns, of Glasgow, purchased. At this time (1825), the school probably had no superior in the country. But the Legislature now saw fit to abolish the Board of Regents and to transfer the authority to a Board of Trustees, composed entirely of non-medical men. This act was resisted by the Medical Faculty, but in vain, until 1837, when the long, half-smothered and ill-concealed sense of injury and injustice burst forth into open opposition and suit was instituted by the surviving regents for the recovery of their property and rights. After two years litigation, the court of appeals decided in their favor and the entire control of the institution was restored to their hands. Meanwhile the school had lost ground very rapidly and the class had fallen to 18 (1839). On the restoration of their rights, the Faculty made renewed efforts, and the school began once more to flourish, and with the exception of the period of the war, when the Southern patronage was lost, has continued slowly but steadily to improve up to the present time, when it ranks as one of the leading metropolitan schools of America. Among the most distinguished members of its Faculties have been Nathan R. Smith, Nathaniel Potter, Jno. B. Davidge, Elisha Bartlett, Elisha DeButts, William Gibson, Granville Sharp Pattison, Eli Geddings, Robley Dunglison, Robert E. Griffith, Joseph Roby, Wm. A. Hammond, and Charles Frick. Among its distinguished alumni have been Horatio G. Jameson, Lunsford P. Yandell, John D. Godman, James B. Rogers. Wm. Power, M. M. Pallen, John H. Harrison, Jas. L Cabell, Louis A. Dugas, Augustus L. Warner, Thomas E. Bond, Thomas H. Buckler, Samuel Chew, Charles Frick, Roberts Bartholow, Nathan S. Lincoln, Surgeon General Wales, etc. The whole number of alumni amounts to about 3200. The number of Students in attendence on the course of 1879–80 was 173, of whom 66 received the degree of M. D.*

The next school instituted in Baltimore was the "Washington Medical College," which was founded in 1827, chiefly through the exertions of Dr. Horatio G. Jameson, the eminent surgeon. The authority to confer degrees was derived from "Washington College, Washington, Pennsylvania." Under the zealous management of a Faculty, which included some very able names, the institution soon began to acquire prominence and to enter into formidable competition with the older school. The building erected for the use of the school on Holliday street, opposite the old City Hall, was soon found to be insufficient for the needs of the growing classes, and the Faculty erected another on Broadway, the present "Church Home and Infirmary." About 1838, the College was converted by act of the Legislature into a University, with the usual additional Faculties; this did not make any material change, however, in the Institution, as the other departments never had any other than a nominal existence. Experience demonstated that the situation on Broadway was too remote from the centre of population and the Faculty determined (with a zeal and enterprise that seems almost incredible) to erect a third building in a more accessible locality, and contributed liberally to this end. The result was the "New Assembly Rooms," corner Hanover and Lombard streets, since used by the Dental College and the College of Physicians and Surgeons. But either from the magnitude of the enterprise, or (as was alleged) from mismanagement of the funds on the part of those to whom they were entrusted, the undertaking overtaxed the resources of the Faculty, and the building had to be sold (1851) in order to enable them to meet the obligations incurred in its erection. This put a stop to the courses of lectures for some years, until 1866, when it was revived, chiefly through the exertions of Dr. Edward Warren, who had lately returned from the South.

The surviving members of the old Faculty still held the charter, and as the representatives of the Medical Department could transfer their official rights to those whom they chose to elect as their successors. In this way a new Faculty was created, and the school again brought to life. The lectures were at first delivered in the large buiding on the North-east corner of Calvert and Saratoga streets, but after a session or

*The author of the paper is engaged in writing a complete history of this institution, which will be published sometime during the winter.

two the building on the opposite corner was secured, and, with the aid of an appropriation from the State, converted into a hospital, with lecture rooms, etc.

For some years the prospects of the institution seemed bright, and it met with considerable success, but in 1872 some differences of opinion arose in the Faculty, which led to the resignation of Dr. Warren, who joined with some others in the formation of a third medical school, the "College of Physicians and Surgeons." In the charter of this college, Drs. Warren, Opie, Lynch, Byrd, Murray and Goolrick are named as the first Faculty. The Washington University now began evidently to lose ground, whilst the new college exhibited increasing vitality and success. In the Spring of 1877, the two were merged.* in conformity with an act of the Legislature, under the name of the "College of Physicians and Surgeons." The hospital on the corner of Calvert and Saratoga streets (since known as the City Hospital), became the property of the consolidated institution, whose rapid prosperity since that date has been almost unprecedented, the class of 1879–80 numbering 337 students, with 110 graduates.

In addition to the City Hospital, the college has also a Lying-In Hospital (The "Maternité") on West Lombard street, and the Maryland Woman's Hospital on Saratoga street, adjoining the college. The total number of graduates to the present time is 381.

The conclusion derived from a general survey of the field passed over in the paper was that the medical schools of Baltimore in the past would compare favorably with those of any other city in America, and a hope was expressed that the historian of the Bi-centennial Celebration would be able to utter the same opinion with regard to the coming time.

* The total number of graduates of the Washington University during the two stages of its existence was about 700,

MICHIGAN STATE BOARD OF HEALTH.

(*Reported for the Maryland Medical Journal.*)

The regular quarterly meeting of this Board was held at its office in the State capitol at Lansing, on Tuesday, October 12, 1880. The following members were present during the meeting: Prof. E. A. Strong, of Grand Rapids; Hon. LeRoy Parker, of Flint; Rev. D. C. Jacokes, of Pontiac; H. F. Lyster, M. D., of Detroit; J. H. Kellogg, M. D., of Battle Creek; and Henry B. Baker, M. D., Secretary.

IMPURE WATER.

Dr. Kellogg reported the completion of his paper on contamination of water by decaying wood, and mentioned in that connection some observations of his in regard to ice being contaminated by decaying sawdust and other impurities. He showed the fallacy of the popular belief that ice freezes pure, and said that it incloses all organic impurities that float. He described a water-cooler, which was designed to avoid contamination of the water by the ice, as would happen if the ice were placed directly in the water. A cylinder containing ice was placed in the center of the cooler allowing the water to come in contact with this cold cylinder without touching the ice. He also reported progress in studies relative to the work of the new committee to which he was appointed, "The Relations of Preventable Sickness to Taxation."

Dr. Baker made a report of the

WORK IN THE SECRETARY'S OFFICE

during the past quarter, which showed the distribution of a large number of annual reports and other documents to officers of local boards of health and other persons. Heretofore documents have usually been sent to the county clerks for distribution to local offices, but having seen that it might be as difficult for some persons to get them from the county clerks' offices as from Lansing, the Secretary sent a circular letter to presidents of villages, asking them whether they wished them sent to county clerks, or if they would pay the express charges if sent to them direct. Of 102 replies, 73 desired the packages sent direct, 29 wished them sent to the county

clerks, and of the latter, many now live at or near county seats. Many of these officers expressed great interest in the information contained in the documents of the State Board. From evidence collected at Lansing, it would seem that the documents issued by the State Board of Health are in greater demand than any State documents, with the exception of the Reports of the State Board of Agriculture and State Pomological Society.

REGULATION OF MEDICAL PRACTICE.

The Secretary stated that in response to communications relative to the proposed regulation of medical practice, he had prepared a paper and a form for a bill. He submitted an outline of it to the Board. He had done this partly because he feared the State Board of Health would be made the Examining Board, and its usefulness for other important work impaired.

Later in the session, Dr. Lyster spoke on the same subject, and the following resolutions were adopted by the Board:

Resolved, That there should be required of all who are to begin the practice of medicine in this State an examination as to their qualifications.

Resolved, That such examinations by the State should be restricted to questions in demonstrable knowledge as distinguished from questions of mere opinion.

Resolved, That, as a public health measure, a Committee of three be appointed to prepare and report at the next meeting of the Board a plan for furthering the objects stated in the preceding resolutions.

Drs. Lyster and Baker, and Rev. Dr. Jacokes were appointed such Committee.

THE ANNUAL REPORT OF THE SECRETARY

relative to property received and disposed of during the fiscal year ending September 30, 1880, showed the purchase and placing of meteorological instruments in different parts of the State, the addition of 414 books and pamphlets to the library of the Board, the receipt of weekly and monthly mortality statements from the principal cities in the United States and some foreign countries, the distribution of similar information respecting Lansing and the State; the detailed expenditures of the office, which are classified as follows:

Expenses of members attending meetings $205.65, instruments and books $147.11 paper, stationery, etc., $192.51, postage for the office $581.90, postage by members $16.30, printing and binding $389.27, secretary $2,000, miscellaneous (which includes telegrams, express, freight, etc.), $120.39, making a total expenditure for the fiscal year of $3,653.13.

EXAMINATIONS IN SANITARY SCIENCE.

The Secretary reported that Dr. M. Veenback, of Grand Rapids, and Henry B. Baker, M. D., of Lansing, the applicants for examination in Sanitary Science by this Board, July 14, both passed the examination, and the Board had since voted to grant them certificates. It was voted to publish the questions asked these candidates in the Report of the Board for 1880. The Secretary reported that in accordance with instructions from the Board, he had prepared a list of books valuable for reference and study by candidates for the examinations in Sanitary Science, and it was voted to print the list in the Annual Report for 1880.

OZONE.

An interesting paper by J. Mulvany, M. D., of the British Navy, giving the results of ozone observations conducted in various parts of the world, was presented, accepted with thanks, and ordered published in the Annual Report. The paper was read before the Meteorological Society, London, England, but not yet published.

REMOVAL OF A SMALL-POX CORPSE.

The Secretary presented a letter describing the method of re-interment, under the direction of the health officer of Lansing, of the body of a person who had died of small-pox.

SANITARY CONVENTIONS.

It was voted to hold two sanitary conventions for the reading of papers, discussion of sanitary topics, and the exhibition of sanitary appliances, during the coming Winter. Rev. Dr. Jacokes and Dr. Baker were appointed a committee to receive invitations and make arrangements for the conventions. Persons desiring a convention at any place, may correspond with either member of the above committee.

Prof. Strong said the convention at Grand Rapids last winter had greatly stimulated public health work in that city.

The Secretary presented an invitation to the international medical congress to be held in London, August, 1881.

Dr. Jacokes presented a drawing and description of a plan for introducing fresh air to be warmed by a coal stove in the room,

The Secretary was directed to investigate the hog-cholera now prevailing in the South-western part of this state, and find if possible any relation between that and any sickness in the human species.

Prof. Strong, the new member, was assigned to work on the committees on the "Relations of Schools to Health," and on "The Relations of Climate to Health."

Dr. Baker presented specimens of pine infected with a fungus which had completely destroyed the floors of several rooms, constructed of that wood, in a new building. The fungus seemed to grow most where the floor was covered, as with oil-cloth or by boxes resting on the floor; and in one room the decayed floor corresponded with the portion not exposed to light, though that case may be explained by a greater amount of moisture in that part of the room because of dampness underneath. The order in the room was that mouldy or musty odor not infrequently met with in close rooms. It caused frontal headache, and a person engaged in repairing the floor had spells of sneezing on two occasions some months apart while there employed.

The Secretary presented communications from E. P. Christian, M. D., of Wyandotte, relative to diphtheria, etc., and he was instructed to use them in the Annual Report.

A design for an official seal for the Board was presented by Dr. Baker, and adopted.

Dr. Henry B. Baker was appointed a delegate to the meeting of the American Public Health Association at New Orleans in December.

Auditing of bills and other routine work was accomplished during the day. The next regular meeting of the Board will be on January 11, 1881.

REVIEWS & BOOK NOTICES.

A Manual of Minor Surgery and Bandaging. By CHRISTOPHER HEATH, F. R. C. S., Surgeon to University College Hospital, and HOLME Professor of Clinical Surgery in University College, London, etc. Published by Lindsay & Blackiston, Philadelphia, 1880.

This volume is of a practical character. Its design is to present hints on the treatment of accidents and emergencies daily coming under the observation of the hospital student or dispensary physician Its suggestions may also be found serviceable to the student or physician seeking knowledge in the minor details of surgery. The information it presents is very condensed, and, for the most part, can only be found in larger works by much reading; hence the volume is useful for convenient reference in emergencies, or where time does not admit of an elaborate search for that character of knowledge the surgeon is supposed to be able to apply whenever called on. The scope of the work is similar to that employed by a number of such volumes now published in the English language. The author of this work enjoys a high distinction as a surgeon, and the fact that this volume has now reached its sixth edition goes to show its popularity with a large class of readers. The work is handsomely and profusely illustrated.

A Practical Treatise on Nasal Catarrh. By BEVERLY ROBINSON, A. M., M. D., Lecturer upon Clinical Medicine at the Bellevue Hospital Medical College, New York. Published by Wm. Wood & Co., New York, 1880.

Three works upon Nasal Catarrh have been received at our office during the past thirty days. It so happens that these books are written by gentlemen living in widely separated localities. One comes from London,

another from New York, and a third from St. Louis. Two of these works include the study of other catarrhal troubles than those of the nose, and, whilst fully presenting the subject of nasal catarrh, lack the direct method of discussion adopted by the author of the volume before us. In this book we have nasal catarrh fully and exhaustively treated from a practical standpoint. The author discusses his subject from his own experience, which has been extensive, and carefully systematized. The book presents much originality and will be found useful to those interested in the study of the affection it treats. It is well illustrated.

Walsh's Physicians' Handy Ledger and Combined Call-Book and Tablet. Published by Ralph Walsh, M. D., Washington, D. C. Price $3 00

This is the third year of the publication of these books by Dr. Walsh During that time they have become deservedly popular with the profession. The Handy Ledger is admirably adapted to the purposes of the busy practitioner by its concise and practical arrangement for entering visits and keeping accounts with patients. By a moments' reference the number of visits paid to a patient during the year, the character of services rendered and amounts charged may be ascertained. The Call-Book is of convenient size for the pocket, and, in addition to the visiting-list, contains a calendar for 1880 81; table giving number of drops to the fluid drachm of various preparations; poisons and antidotes; table of doses, and other facts useful for easy reference.

A Practical Treatise on Fractures and Dislocations. By F. H. HAMILTON, A. M., M. D., LL. D. Surgeon to Bellevue Hospital, New York, Etc. Sixth American Edition, Revised and Improved. Published by Henry C. Lea's Son & Co., Philadelphia, 1880.

The first edition of this work was given to the profession twenty years ago. Since its first appearance it has passed through five editions. A sixth edition is now presented, revised and improved. This work is so familiar to every surgeon that it is unnecessary to refer to its character and value as a systematic study of the subjects of fractures and dislocations. The fact that it is the only volume in the English language, except the translated volumes of Malgaigne's great work on Fractures and Dislocations, written as far back as 1847 and 1855, may be taken as an indication of its usefulness, and of its undisputed right to the entire confidence and respect of the profession. Dr. Hamilton has devoted great labor to the study of these subjects. His large experience, extended research and patient investigation have made him one of the highest authorities among living writers in this branch of surgery. This work is systematic and practical in its arrangement, and presents its subject matter clearly and forcibly to the reader or student. One of its striking features is its richness in illustrations, the entire volume containing no less than three hundred and fifty-two woodcuts, exhibiting not only the pathological conditions observed in fractures and dislocations, but also the normal anatomy of the parts involved, and the various appliances used in treatment

To add to its permanent value as a standard treatise upon these important subjects, the publisher has given his finishing touch by the application of a style of binding at the same handsome, durable and grateful to the sight. The volume presented to us is bound in half Russia which, whilst costing a small advance over sheep, gives it a double value for library use.

No women are to be admitted to the International Medical Congress which meets in London next August.

BOOKS AND PAMPHLETS.

A Practical Treatise on the Diseases of Women. By T. GAILLARD THOMAS, M. D., Professor of Diseases of Women in the College of Physicians and Surgeons, New York, Etc., Etc. Fifth Edition; Published by Henry C. Lea's Son & Co., Philadelphia, 1880, pp. 780. Price, Cloth $5.00, Sheep $6 00, Russia $6.50.

The revised edition of Dr. Thomas' book will be welcomed by the profession. It may be safely affirmed that no work on diseases of women is more popular in this country, as a text book, than the volume now before us. Since its first appearance twelve years ago, until the present day, it has held a position of high regard, and is generally conceded to be one of the most practical and trustworthy volumes yet presented to the physician and student in the department of gynecology. The work embodies not only its author's large experience, but reflects his careful study among other authorities in this branch, both at home and abroad.

The information presented has been gleaned from all sources, and by systematic arrangement and forcible descriptions is made to appear in a clear and impressive style to the student. Dr. Thomas is an able and conscientious teacher. His writings convey his meaning in the same practical and instructive manner. The last edition of this work is fresh from his pen, with decided changes and improvements over former editions. The text has been altered by erasions and additions to make it conform to the most recent views of practice. Several new chapters, one on 'Oöphorectomy," and one on "Extra-uterine Pregnancy," appear for the first time A number of new illustrations have been added, the whole number increased to two hundred and sixty-six wood-cuts. In this notice we have not the space to comment upon any of the views presented in this work. It is not a book containing surprises on every page, and does not bear a close resemblance to Dr. Emmet's book, or to those of Barnes and Graily Hewitt. Dr. Thomas is perhaps a more skillful teacher than either of the writers referred to. His book presents generally accepted facts, and as a guide to the student is more useful and reliable than any work in the language on diseases of women. This last edition will add new laurils to those already won,

Joseph Jones, M. D., New Orleans, La. Acts of the Legislature of Louisiana, Establishing and Regulating Quarantine for the Protection of the State; Organizing and Defining the Powers of the Board of Health, and Regulating the Practice of Medicine, Midwifery, Dentistry and Pharmacy; also Rules and Regulations of the Board of Health of the State of Louisiana, and Health Ordinances of the City of New Orleans, Collected and Classified in accordance with Resolution of the Board of Health of the State of Louisiana, September 2, 1880, by Joseph Jones, M. D., President of the Board of Health of the State of Louisiana.

The Compend of Anatomy for Use in the Dissecting-room, and in Preparing for Examinations. By John J. Roberts, A. M., M. D, Lecturer on Anatomy and on Operative Surgery in the Philadelphia School of Anatomy, in the Philadelphia Dental College, Recorder of the Philadelphia Academy of Surgery, Recently Instructor of Surgery in the Jefferson Medical Association, Etc. Philadelphia: C. C. Roberts & Co., 118 Arch street, 1881.

Lionel S. Beale, M. B., F. R. S., London, England, On Slight Ailments; Their Nature and Treatment. Philadelphia: Presley Blakiston, 1880.

Seven Cases of Retroflexion of the Uterus with Peritoneal Adhesions of the Fundus in the Hollow of the Sacrum Treated by Forcible Separation of Adhesions. By Aug. F. Erich, M. D., Baltimore. Reprint from American Journal of Obstetrics and Diseases of Children, October, 1880.

Thomas F. Rumbold, M. D., St Louis, Mo. Hygiene and Treatment of Catarrh. Hygiene and Sanative Measures for Chronic Catarrhal Inflammation of the Nose, Throat and Ears. Part I. St. Louis: Geo. O. Rumbold & Co., 1880.

Chas B. Kelsey, M. D., 48 East 30th street, New York, N. Y. Annual Report of the Infirmary for Hæmorrhoids, Fistula, and other Diseases of the Rectum. Dispensary Building, 304 East Broadway, New York, N. Y.

An Obstetrical Case; Intra-uterine Amputations. By Walter Coles, M. D., St. Louis. Reprint from Transactions of the St. Louis Medical Society, in *St. Louis Medical and Surgical Journal*, Sept. 5, 1880.

Treatment of Post-Partum Hemorrhage. By Geo. J. Englemann, M. D, St. Louis. Reprint. G. O. Rumbold & Co., St. Louis, 1880.

The Dangers Incident to the Simplest Uterine Manipulations. By same author. Reprint from Transactions Missouri State Medical Society, 1880.

Enumeration, Classification and Causation of Idiocy. By I. N. Kern, M. D. Reprint from Transactions of Medical Society of Pennsylvania, 1880.

Missouri State Medical Association. Transactions of the Medical Association of the State of Missouri at its Twenty-third Annual Session, Held at Carthage, Missouri, May 18, 19 and 20, 1880.

Note on the Alkaloids of Cinchona. By Benjamin Lee, M. D., Ph. D, Philadelphia, with compliments of Chas. T. White & Co., New York.

Protection of the Insane. National Association for the Protection of the Insane and the Prevention of Insanity, 1880.

Dr. M. J. DeRosset.—We have waited until the last moment to give the latest information of Dr. DeRosset's condition.

Many of his friends know that for some months past he has been in bad health, so that he has barely been able to attend to his daily professional work. The prognosis of his disease, grave in any aspect of it, has been made still more serious by the occurrence of cerebral hæmorrhage early in the present month.

At last accounts his paralysis was not at all relieved, but he was able to speak in a more distinct and audible tone a few sentences. He is at his home in New York, No. 30 West 54th street, where, surrounded by his nearest relatives, and under the care of his professional friends, we hope he will in time be restored.

We miss greatly the kindly aid of our colleague, who for the three years now nearly gone has had his heart in the success of the *Journal*; but we must not overrate the improvement in his case which has been apparent for the past week or so, and flatter ourselves as to the future

How pitiful to see the palsied hand of a skilled surgeon no longer responding to the will; and to see the bright mind of a versatile scholar eclipsed by incurable disease! We stand helpless by the side of our friend, and trust the issue to the Great Physician.—*N. C. Med. Journ.*

Dr. DeRosset has many friends in this city who will learn with great regret of his impaired health, and will join us in wishing him a safe recovery.

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BALTIMORE, NOVEMBER 15, 1880.

EDITORIAL.

MATLEY HILL.—The above is the name of a private Sanitarium for the Care and Treatment of Mental and Nervous diseases, located near Relay Station, B. & O. R. R., nine miles from this city. Its location is admirably selected, since its convenience to the railway brings it as near the centre of the city as if it were within the city limits, whilst it enjoys all the advantages of the country.

This institution is designed for the private accommodation of the milder forms of insanity which do not require the restraint necessarily imposed in the larger hospitals for the insane where all classes are congregated. Its special purpose is to present home-like surroundings, by removing the patient from every appearance of an insane asylum, whilst possessing all the safeguards and appliances necessary to the fulfilment of its design. The patient and the physician's family take their meals at the same table, which is liberally supplied, and differs in no respect from the tables of the educated classes elsewhere.

"The fact is fully recognized by psychological physicians, that the less we treat the insane as exceptional beings, by immuring them in large hospitals, under strict discipline and modes of life widely different from the social amenities of home, the more likely is recovery to take place." In other words the institution is a private boarding house for those suffering from the milder forms of insanity, where they receive every needful care and attention from trained nurses, and enjoy the advantages of skillful medical treatment. Its surroundings are cheerful and inviting, the grounds are ample, and ornamented by shade-trees and shrubbery, whilst the walks are picturesque and scenery diverting. As a country residence for invalids requiring special treatment, it has not its equal in this State, whilst its special features are not presented by any other institution in this country. We know of no institution of its character combining the same advantages of a home to which these unfortunate patients can go with more hope of beneficial treatment. The number of patients is limited to twenty-four, which alone is an important feature, since it assures to each one a larger share of the physician's and nurse's attention than can possibly be obtained where large numbers are congregated.

Dr J. S. Conrad, the resident physician, is a gentleman of large experience in the management of the insane, and his system of treatment has received the endorsement of a large number of distinguished medical gentlemen residing in this city. Physicians having patients afflicted with the milder forms of insanity or with nervous diseases requiring close personal attention and restraint cannot find a more admirable retreat in which to place them than Matley Hill.

PROTECTION FOR THE INSANE AND THE PREVENTION OF INSANITY.—On the first day of July, of the present year, the National Association for the Protection of the Insane and Prevention of Insanity, was organized in Cleveland, Ohio, by a number of philanthropic medical gentlemen, and several ladies. The objects of this association as set forth in its constitution are:

First—For the encouragement of special and thorough clinical and pathological observations by the medical profession generally, as well as by those connected with asylums.

Second—For the enlightenment of public sentiment as to the nature of the malady and the importance of early treatment, improved methods of management and treatment at home and abroad.

Third—To recommend an enlightened State policy, which while neglecting no one of its insane population, shall administer relief and protection as not to lay unnecessary or undue burdens upon the tax-payers.

Fourth—To stimulate legislation that will secure efficient State supervision of all public institutions for the care of the insane.

Fifth—To further the perfection of laws relating to the treatment of the insane, and their rights, while patients in the asylum

Sixth—To allay public distrust in relation to the management of insane asylums, by placing them on the same footing as that of other hospitals, both in the matter of free communication with the outside world and the privilege of a consulting medical staff of general practitioners.

The proceedings of the first meeting have been published in pamphlet form, and included with them is a paper by Dr. George M. Beard, of New York, entitled, "Why We Need a National Association for the Protection of the Insane," a paper by Dr. J. C. Shaw, of Brooklyn, New York, entitled, "The Practicability and Value of Non-restraint in Treating the Insane," and also a paper by Dr. E. C. Seguin, of New York, on "The Right of the Insane to Liberty." These papers each discussing the different sides of the question of protection and treatment of the insane are able arguments in advocacy of the formation of a National Association, and clearly set forth the value of such an organization, and its claim upon the profession for support and co-operation. To any one who has given the least consideration to the system of protection and treatment of the insane, now employed by many institutions throughout our country, it will be apparent that an organization with such purposes in view as are expressed in the constitution of the National Association for the Protection of the Insane and Prevention of Insanity, is a necessity at this time, and that such a society, composed of intelligent and philanthropic physicians, is capable of discharging a useful work by instituting reform in the treatment and care of an unfortunate class of patients, and by affording this class better protection than they often enjoy. The Association is one with which any physician, interested in the study and prevention of insanity, can connect himself by the payment of an annual membership fee of two dollars, which sum is devoted to the publication of information regarding the prevention of insanity and protection of the insane. The Association may not commend itself to every class of physicians alike, but among our readers there are many who are interested in the special study of insanity, and who are familiar with many of the wrongs which are inflicted upon the insane by unwise systems of legislation. The majority of the asylums for the care of the insane are under the jurisdiction of State governments or municipal corporations. Such institutions are frequently manipulated by politicians, and their management made to conform to political requirements. It not unfrequently happens that through insufficient appropriations or the fraudulent appropriation of funds, set apart for the management of these asylums, the insane are made to suffer, and their comforts and needs sadly neglected. Again men with no special training for the care of such patients are often placed in charge of these institutions through political favoritism. Now the object of the National Association is to look into the management of such asylums, and to call public attention to inefficient State supervision of all public institutions for the care of the insane. It may be said, to the credit of the State of Maryland, that no charges, at this time, can be laid against the management of the institutions under her jurisdiction; competent and humane men are at the head of her asylums. However, no one knows how long the present system may remain in force. To insure full protection to the insane, and to guarantee to them scientific and skilful treatment should be kept prominently before the State authorities. The profession carries great weight, and should further such purposes as are expressed by this organization.

MEDICINAL ERUPTIONS.—Commencing with this *number*, we begin the publication of a series of lectures on Medicinal Eruptions, contributed by Prof. I. E. Atkinson, of the University of Maryland. These lectures represent a course of three lectures, delivered during the preliminary term, 1880, before the medical class of the University. As they cover considerable ground, it will be necessary to extend them through a series of numbers until the subject is

exhausted. The subject presented in these lectures, for the most part, has been given to the profession in fragmentary and scattered articles. As here discussed the literature and study of these eruptions have been systematically arranged, making the entire course of lectures a practical and able contribution to the subject. The importance of this subject is fully set forth by Prof. Atkinson. We quote his remarks:

"A correct knowledge of the various eruptions occasionally evoked by the administration of medicines will often enable one to avoid embarrassing errors, and to save one's patients from what might be, indeed, not very unfrequently have been, persistent sources of annoyance; for not only may the symptoms simulate the characters of ordinary well known cutaneous affections, but even most serious disorders, such as measles, scarlatina, even small-pox."

This subject is but little understood by the profession at large, and we believe its appearance in this JOURNAL will be welcomed by our readers.

MISCELLANY.

BACTERIUM FŒTIDUM.—Dr. George Thin communicated a paper to the Royal Society recently upon An Organism Associated with Profuse Sweating from the Soles of the Feet, in which he demonstrated that the peculiarly offensive fetid odor by which the secretions from the skin of certain people's feet is characterized, is due to the development in the liquid, after its secretion, of a micrococcus which the author names *Bacterium fœtidum*. He asserts that perspiration is odorless when it soaks to the sock, but that once there it rapidly acquires the peculiar smell. The fluid is, he says, an admixture of sweat with serous exudation from the blood, occurring in persons whose feet sweat profusely, and who from much standing or walking acquire an erythematous or eczematous condition of the soles of the feet. Dr. Thin pursued an elaborate series of investigations into the history of the development of the organism, during which he convinced himself that by antiseptic means the micrococcus can be killed and the disagreeable odor at the same time destroyed.—*Med. Press and Circular.*

EXTREMES OF TEMPERATURE.—Two remarkable instances of bodily temperature are reported in our foreign exchanges:—

In the *Centralblatt fur Chirurgie*, July 24th, Dr. Kosürew reports the case of a powerful muscular Cossack, thirty-two years of age, who, falling from a height, received a severe wound of the scalp, penetrating to the bone. He lived for five days after, his pulse being only 44, and the temperature exhibiting only, on repeated and exact measurements, from 27.2° C. (80.8° Fahr) to 28 5° C. (83° Fahr.) in the morning, and from 26.5° C. (79° Fahr.) to 29° C. (84.2° Fahr.) in the evening. On examination, the skull was found uninjured; the blood of the sinuses and dura mater was of the color and consistence of tar, and the base of the brain was also gorged with a similar fluid. The medullary substance was of a doughy consistency, and exhibited numerous blood-points wherever sections were made.

In the *British Medical Journal*, September 25th. A hysterical woman in the Adelaide Hospital, Dublin, showed a temperature of 131° Fahr., and this when the most stringent precautions were taken to prevent deception.—*Medical and Surgical Reporter.*

THE disfigurement produced by gunpowder accidents in which the particles are imbedded beneath the skin, may be removed by free vesication and removal of the epidermis.

THE legislature of South Carolina has passed a law allowing physicians $10 for testifying as experts in any medical case. This in addition to per diem and mileage.

Relations of Alcoholism to Epilepsy and Crime.—In *Brain*, quoted by the London *Medical Record* Dr. Clarke has published some very suggestive tables of statistics. He finds it hard to avoid the conclusion that alcoholism in the parents is a predisdosing cause of crime and epilepsy. Forty-four per cent. of the epileptic criminals were the children of drunken parents. With regard to the parents, he finds that epilepsy is more frequent in the mother than in the father, and that the percentage for both parents is higher with the women than it is with the men. In drunkenness the reverse holds good. The proportion of epileptic and insane relatives is found to be very much greater with criminals than with ordinary epileptics. It has been asserted by Taquet that "sexual desires show themselves early in the children of drunkards, and are associated with the absence of moral sense." The author finds that the convictions for bastardy are three times as numerous among epileptics as among non-epileptics a fact which strongly bears out his idea that epilepsy owes its origin to hereditary alcoholism. Other tables show that the amount of crime as indicated by the number of convictions is greater among the epileptics than among ordinary criminals.—*Boston Medical and Surgical Journal.*

Mental Influence in the Production of Puerperal Septicæmia.—At a recent meeting of the Obstetrical Society of Boston, Dr. Richardson reported *a fatal case of acute puerperal septicæmia.* The patient was a married woman in good physical but very poor mental condition. Deserted by her husband, she entered the Lying-In Hospital, and was delivered of her second child after a rapid and easy labor of only an hour and a half duration. Within twenty hours the temperature rose to 104° F. Vomiting set in and persisted, accompanied by tympanites and some abdominal pain, until her death, which occurred on the fourth day. At the autopsy there was found gangrene of both ovaries, a broken down condition of the body of the uterus, and peritonitis.

A member remarked that the case reported by Dr. Richardson shows the influence of mind in the production of puerperal fever.

Dr. Richardson said that he was glad this point had been touched upon. In the Lying-In Hospital twenty-three out of twenty six fatal cases of puerperal septicæmia were in single women with mental trouble.—*Boston Medical and Surgical Journal.*

Irrigation of the Urethra for the Cure of Gleet and Prevention of Stricture.—Reginald Harrison, of Liverpool, concludes that (1) the large majority of strictures, excepting those caused by injuries to the urethra, are preceded by more or less chronic gonorrhea or gleet, and (2) that the most frequent seat of stricture corresponds with that of gleet—namely, the sub-pubic or deeper portion of the urethra. It looks, he thinks, as if the persistence of gleet and formation of stricture were due to the imperfect means hitherto adopted for dealing with the membranous portion of the urethra when chronically inflamed; in fact, that the disease escaped treatment altogether, when the ordinary means of injection were relied on. He has used, for some time past, with highly satisfactory results, an apparatus for thoroughly irrigating the deep urethra. An ordinary Higginson's syringe is adapted to a soft catheter, of sufficient length to reach the deep urethra, and by this means the parts are thoroughly drenched with a medicated solution at least twice a day. The sulpho-carbolate of zinc, in the strength of about half a teaspoonful to a pint of water, is generally made use of, though sulphate of zinc, borax, lead acetate, quinine and carbolic acid have their uses, according to circumstances.—*Lancet.*

CHLORAL HYDRATE IN ACUTE GASTRO-ENTERITIS OF CHILDREN.—Prof. Kjellberg asserts that there is no medicine equal to chloral for checking the vomiting in the acute gastro-enteritis of children. Being rapidly absorbed, it calms the patient, stops the vomiting, and checks the diarrhœa. It is best given by enema, so as not to risk its rejection by the irritable stomach, and it should be given soon after a passage The dose for a child of from five to six months is from 3½ to 4½ grains, while to a child of from twelve to fifteen months, from 7½ to 9 grains may be given. The bulk of the injection should not exceed a desertspoonful. The enema may be repeated two or three times daily, and the dose may be increased, if it is found necessary. To increase the effect of the chloral, Prof. Kjellberg generally adds to each enema a drop of tinc. opii, and if stimulants be indicated, five to fifteen drops of liq. Hoffman At the same time the other ordinary remedies are not neglected. —*The American Practitioner.*

SUBSTITUTE for TRACHEOTOMY.—Dr. Macewen, of Glasgow, says, in *Belleville Medical Journal:*

1. Tubes may be passed through the mouth into the trachea not only in chronic but also in acute affections —such as œdema glottidis.

2. They can be introduced without placing the patient under an anæsthetic.

3. The respirations can be perfectly carried on through them.

4. Expectoration can be expelled through them.

5. Deglutition can be carried on during the time the tube is in the trachea.

6. Though the patient at first suffers from a painful sensation, yet this passes off, and the parts soon become tolerant of the presence of the tube.

7. The patient can sleep with the tube *in situ.*

8. The tubes, in these cases at least, were harmless.

9. The ultimate results were rapid, complete and satisfactory.

10. Such tubes may be introduced in operations on the face and mouth, in order to prevent blood from gaining access into the trachea, and for the purpose of administering the anæsthetic, and they answer this purpose admirably.—*Southern Med. Rec.*

THE TOPICAL USE OF ERGOT.—The The value of the local use of ergot is receiving endorsements from various quarters. It is particularly applicable in catarrhal diseases of the eye and throat. In chronic conjunctivitis it may be employed in the strength of gr. x. of the extract to ℥j. of water, a little glycerine being added to preserve the drug. In chronic pharyngitis, when the secretion is not very great, it makes an excellent ingredient of a gargle, or it may be used with tincture of iodine and applied with a probang. In cases of nasal catarrh, it may be applied by means of gelatine bougies. In using the ergot it should generally be combined with glycerine, as that agent both preserves it from decomposition, and keeps it longer in contact with the diseased surface.—*Medical Press and Circular.*

FOR NIGHTSWEATS OF PATIENTS SUFFERING with LUNG-PHTHYSIS.—Dr. Kuehnborn prescribed with astonishing success a dusting powder consisting of 3 parts salicylic acid, 10 parts starch and 87 parts Venetian talc, which was dusted all over the body, the skin of the body if too dry, being first rubbed with alcohol and tannin so as to make the powder adhere. In order to prevent the irritation and cough so usually brought about by the dust of the acid it is necessary for the patient to press a cloth on mouth and nose during the dusting. The use of the powder prevented nightsweats in every case without causing any other inconvenience.—*American Journal of Pharmacy.*

High Temperature from Constipation.—A patient in the Massachusetts General Hospital, while convalescing from mammary abscess, suddenly developed one morning a temperature of 104 5° F. The abscess was rapidly healing, and the temperature during the preceding eight days had not risen above 99° F. The patient, however, had not had a movement from the bowels for four days. An enema of soap suds was given, and in less than an hour after this had operated, the temperature fell to 100° F., and afterward continued normal. The patient made no complaint, nor was there any phenomenon of any sort to account for the high temperature, unless the constipation would do so. No remedy was used except the enema.—*Boston Medical and Surgical Journal.*

Breech Presentations.—Dr. Champetier de Ribes states in a late issue of the *Gazette Medicale de Strasbourg*, that the passage of the fœtal head through the contracted superior strait in breech presentations is considerably facilitated by pushing directly backwards into the concavity of the sacrum that side of the base of the neck which is found descended behind the symphysis pubis, and which is seized between the index and medius as in a fork, and by causing an assistant to make expression bearing on the frontal region of the fœtus, with the palm of the hand which embraces this region and lowers it, following the direction of the axis of the superior strait.—*Medical Review.*

Notice.—Members of the profession in Baltimore who are in favor of the erection of a medical hall and are willing to contribute towards it are requested to send their names to the Librarian of the Medical and Chirurgical Faculty of Maryland, No. 122 West Fayette street, in order that the enterprize may assume at once a practical form.

Meeting of the Harford County Medical Society.—The regular semi-annual meeting of this Society was held at Havre de Grace, Tuesday, Nov. 9th. Some fifteen physicians from Harford and Cecil counties were in attendance. By invitation the editor of this Journal read an address entitled, "A Medical Society—Its Value to the Profession." Several interesting cases were reported, and some three or four hours were consumed in various discussions.

The Harford County Medical Society was organized some sixteen years ago, and is next to the oldest local society in the State. Its meetings are held semi-annually at Bel Air and Havre de Grace alternately. The Society numbers over thirty members.

A New Style of Binding for Medical Books.—Owing to a large number of inquiries received from the profession for a finer class of bindings than is usually placed on medical books, Messrs. Henry C. Lea's Son & Co., of Philadelphia, are now binding their standard medical publications in half Russia. This binding is extremely handsome. It is a style well adapted for library use, as it is not changed in color by exposure and use as is the case with sheep and cloth. The advance over the cost of sheep is only about 50 cts. per volume on the average, and in consideration of its superiority, this cost is but a trifle.

Whooping Cough.—Dr. Perry, in the *Medical Brief*, says: I have always found the following prescription to relieve my patients suffering with whooping cough:

℞ Ext. belladonna ..... 1 grain.
Pulv aluminis..... 20 grains.
Syr. zingib. ..... 1 ounce.
Aq. cinnamon, q. s..... 2 ounces.

M.—Sig.: Teaspoonful morning, noon, evening and at bedtime, to a child ten years of age.

The effects of the belladonna must be watched if the susceptibility of the patient be greater than anticipated.

Friction in Insomnia.—Nervous persons are more than all others subject to sleeplessness. To obtain a little sleep they have recourse to narcotics which always end by having a pernicious influence on the health. We can recommend to such a very simple method, and which infallibly procures the repose many seek by other means: this is the rubbing of the body, or friction for some minutes before retiring, either with a piece of coarse woollen cloth, or, if preferred, with a friction brush.—*La Lancette Belge.*

Albumen in Urine. — Bödecker (*Arch. Pharm.*) has proposed the following test for albumen in urine. The urine is to be treated with slight excess of acetic acid, and then with a few drops of a solution of ferrocyanide of potassium. The mixture is then to be warmed. If albumen be present, even in the smallest quantities, a turbidity is at once produced. On standing for a short time a flocculent precipitate appears.—*Med. Review.*

Bulletin of Medical Societies.—*Baltimore Medical Association* meets at 8 P. M Monday, November 22d, Dr. J. T. Smith will open the regular discussion.

Monday, December 13th, Dr. J. R. Uhler will open the regular discussion.

Clinical Society of Maryland meets at 8 P. M. Friday, November 19th, Dr. Samuel Theobald will read a paper on "Some of the Errors in the Diagnosis of Eye Diseases, into which General Practitioners are most apt to Fall."

Friday, December 3rd, Dr. Wm. Lee will read a paper on "Headaches in Early Life."

Baltimore Academy of Medicine meets at 8.30 P. M. Tuesday, November 16th, Dr. John Morris will read a paper on "A Case of Poisoning by Carbonic Oxide Gas."

Medical and Surgical Society of Baltimore meets every Wednesday, at 8.30 P. M.

MEDICAL NOTES.

Dr. Elliott Richardson, recently performed Porro's operation successfully, the mother being a well-known dwarf, only forty two inches in height and thirty two years of age. This is the first successful operation of the kind which has ever been performed by an English-speaking surgeon.=MM. Guerin, the surgeon, and Pasteur, the investigator of germs got so excited over a scientific discussion at the Academy of Medicine, last month, that a formal challenge to settle the matter over swords was sent and accepted; but the seconds succeeded in preventing these two distinguished men thus making fools of themselves. =The celebrated Russian Surgeon, Nicholas Pirogoff, celebrated, on October 2nd, the semi-centennial anniversary of his admission to the doctorate. He is not only a great surgeon, but an eminent philanthropist.=It is stated that from a very remote period of time, it has been the custom among the Peruvians, before the conquest by the Spaniard, to send consumptives from the coast-line to heights of 8,000 to 10,000 feet on the Andes, often with signal benefit to the patients.=Melohiah, a Choctaw princess, died at Hoyt City, in the Indian Territory, the other day, at the great age of one hundred and fourteen years. She had thirteen great-great-grand-children. She had been addicted to the inordinate use of tobacco for one hundred and five years.=Great Britain manufactured last year 1,545,500,000 gallons of beer, and the United States 336,300,000 gallons; the account for Germany cannot be totalled by any known mathematician.=The internes of Paris hospitals are nominated by concours. Their term of service is four years. They receive the first and second year five hundred francs. This is increased annually one hundred francs for the third and fourth years of their service.

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ORIGINAL COMMUNICATIONS.

LECTURES.

MEDICINAL ERUPTIONS.

(*Continued from last number.*)

BY I. EDMONDSON ATKINSON, M. D.,

Clinical Professor of Dermatology, University of Maryland.

(*A Course of Three Lectures Delivered During the Preliminary Term (September 27th, 28th and 29th, 1880), before the Medical Class of the University of Maryland.*)

IODIC ERUPTIONS.

Before proceeding to consider the various eruptions due to the presence of preparations of iodine in the organism, it will be appropriate to pause a moment to speak of the group of general symptoms occasionally developed as a result of the ingestion of these preparations and indicated by the term, "iodism." This condition must not be confounded with acute poisoning from iodine or the iodides, as has been rarely observed; and this caution is all the more necessary in view of the circumstance that the phenomena of iodism are frequently observed almost immediately after the ingestion of even a small dose of the drug. The difference between the pathological results, may, I think, be briefly stated as, in the one case the purely toxical effects of overdoses, and in the other, as the intolerance to the presence of iodine and its preparations, due to idiosyncrasy in the greater number of cases and in others to the chronic intoxication from long continued and extensive use.

Iodism as affecting other organs than the skin, is manifested by gastric irritation, coryza, conjunctival inflammation, salivation, headache, diarrhœa, renal irritation even to the production of albuminuria, various disturbances on the part of the nervous system, febrile excitement and other symptoms. To all of these, however, I desire to give but this passing notice and to proceed immediately to consider iodism only in so far as it concerns the cutaneous envelope, prefacing what I have to say, with the statement that I shall take the eruptions caused by the iodide of potassium as the types of eruptions of this class, to which those arising from other preparations of iodine, the iodides of sodium, calcium, etc., will be found to conform.

Iodic eruptions may generally be classed as 1, Erythematous, 2, Papular, 3, Vesicular, 4, Pustular, 5, Bullous, 6, Purpuric. In addition to these

varieties, however, the wheals of urticaria, the nodosities of erythema nodosum, furuncles and ulcerations may occasionally be observed.

Iodic erythema is an unimportant disorder and, indeed, has attracted but little attention, Fischer (quoted by Bazin, *L'Union Medicale* 31 Janvier, 1860, from *Weiner Medecinisch Wochenschr*) has described it as occurring more frequently upon the anterior surface of the thorax and extremities as discrete and irregular spots, or, more rarely, as a generalized, uniform, red exanthem associated with febrile heat of the integument. It developes rapidly and as speedily subsides upon relinquishing the offending drug. This form of erythema is marked by no pronounced subjective symptoms. There is, however, an erythematous condition more frequently observed in association with hyperæmic disturbances of mucous membranes, of iodic origin: thus, when the buccal and nasal mucous membranes are dusky and swollen from iodic catarrh, it is common to find the adjoining skin of the lips and nose and even the face generally, likewise swollen and reddened and hot to the touch. In such cases the erythema is diffused, fading gradually into the healthy skin, and is accompanied by a sensation of burning heat. Associated with the redness may be œdema and conjunctival hyperæmia, and occasionally, erysipelas may be closely simulated.

Soon after the abandonment of the medication, or after the system has become tolerant of the drug as usually happens, the rash will disappear.

Iodic papular eruptions may be observed associated with erythema or vesicles, pustules or other forms of eruption. For the most part they must be considered transition stages in the evolution of more advanced lesions. According to Farquharson, iodide rashes most commonly begin with papules becoming quickly pustular, however, and having strong superficial resemblances to acne. (*Brit. Med. Jour.* February 22, 1879). In such cases the eruption is bright red and without itching. It is usually situated upon the face, neck and shoulders, in a word, where sebaceous glands are plentifully present. The papules are then to be regarded as inflamed sebaceous follicles, which indeed, Tilbury Fox regarded as the constant starting point of iodic eruptions. These papules may often be seen penetrated by the tiny lanugo hairs usually associated with sebaceous follicles, and, being accompanied by other and more advanced lesions are readily seen to be stages of the same morbid processes. It cannot be denied, however, that papules may arise from a similar cause, but not situated in sebaceous glands. Fischer (quoted by Bazin), considered a papular rash, as described by himself, to be the most frequent of all iodic rashes. This he described as invading the general surface, but principally the extremities and lower portion of the abdomen as slightly elevated, regularly rounded, intensely red papules measuring in diameter from ½ to 2 lines, closely resembling a violent urticaria, but differing from it by their more intense redness. The largest papules are surrounded by an areola. More rarely they are scattered discretely over the body; usually they are in groups, running together to form large plaques. Hutchinson, moreover, describes large, flat-topped papules or tubercles of varying size, as an iodide eruption (*Descriptive Catalogue of N. Syden Society Atlas* Part 2, p. 113), Pelizzari and others have also recorded examples of this form of eruption, which nevertheless must be quite rare.

Pilizzari has been able to trace to a similar origin, eruptions analogous to erythema nodosum and, in one case, at least, he observed nodules varying in size from that of a nut to that of an apple, situated in the subcutaneous cellular tissue of the thighs and forearms. (*Gior. delle Mallatt Vener*, Dec,

1879). The possibility of such nodules occurring during the treatment of tertiary syphilis with the iodides, and being mistaken for gummy tumors should be borne in mind. As with the preceeding form, so it is very rarely that these latter varieties of eruption are encountered; practically, one may conclude that papular iodic rashes may be considered stages in the evolution of other lesions and, under such circumstances they are very often observed.

The pustular iodide rash, which for various reasons is most conveniently considered next in order, is probably the most frequent of all of this class. It may develop from a papular form, or the process may be so rapid that the lesion will appear to be pustular from the start, or it may result from eruptions primarily vesicular. For the most part, this eruption is identical with acne; that is to say, it begins and ends with inflammation of the sebaceous glands, precisely as is the case with common acne. Consequently, it is usually seen upon the face, neck, shoulders, arms and thighs, and is most apt to assume the character of acne indurata, the pustules being often very small and acuminate, but situated upon a tubercular elevation of bright red color and very tender to the touch; or the pustule may spring dome-shaped abruptly from the somewhat reddened skin, varying in size from a pin-head to a small pea, with, frequently, a hair penetrating it. These pustules remain almost invariably discrete, principally distributed over the parts named, but not altogether sparing the general surface, and follow the course usually observed in acne, drying into thin scabs, which in falling off, leave brownish discolorations, or slightly elevated tubercles which shortly disappear. From time to time new pustules are developed, so that one may observe the forming and the fading lesion side by side. Larger pustules are sometimes observed. These, however, do not differ materially from those already described, and in disappearing never leave ulceration.

A condition has been observed and has been recorded, which demands a few words of description, since it in a measure presents special characters, which, however, are equally observed, I think, in certain bromide eruptions, I am aware of but a single observation of this form of eruption of iodic origin The case I refer to was under the care of Cullerier, and was reported by Bazin (*Affections Cutanies Artificielles*, 1862, p. 209). The eruption was upon the head and face, but particularly upon the forehead and cheeks, in the form of inflammatory tumors attaining a diameter of several centimeters by a height of almost one centimeter. They were covered with yellowish-green crusts, upon the removal of which the surface was seen to be swolen, red and painful. To the touch there was a feeling of semi-fluctuation, and pressure caused a little discharge of milky fluid, not from a single orifice, but from the whole surface. These lesions were very persistent, and did not disappear until long after the iodide was discontinued. This pathological condition was attributed to a confluent inflammation of sebaceous glands due to irritation from iodide of potassium. The eruption deserves attention more for its pathological than from its clinical interest.

The remaining forms of iodic pustular eruption are represented by ecthyma-like pustules, and, if the association be permitted, by furuncles. Ecthyma-like pustules thus occurring must be regarded for the most part as simply large acne pustules; but there may occur large pustular rashes unlike acne, and, not necessarily at least, arising in the follicles. A most interesting report of this variety has been afforded by Dyce Duckworth. The patient in this case, suffered from other forms of iodism. The rash, situated principally upon the face and ears and also to a limited extent upon

the neck and backs of the hands, began as hard papules, becoming vesicular without umbilication, and in many instances, finally pustular Duckworth compared the lesions rather to herpes than to acne, and noted the presence of some of the vesicles upon scar-tissue, where the glands had been, presumably, destroyed.

Where furuncle is observed, it probably always originates in or around a follicle. Phlegmonous inflammation is likewise occasionally observed and arises probably in a similar manner (*Duhring, Med. and Surg. Rep., xli, p. 516*).

An eczematous eruption of iodic origin has been described by Fischer, Mercier, Petitijean and others. The latter author has related a case where the patient was twice attacked while taking iodide of potassium, with eczema rubrum, which invaded the whole body.

Iodic eruptions in which the prevailing lesions are vesicular, are of unusual occurrence (see case of Duckworth, quoted above). Vesicles are usually associated with larger and more formidable bullæ as concomitants, or as is commonly the case, as the earlier stages of the larger lesion. The bullous iodide of potassium rash has fortunately, of late years received the attention of most capable observers, whose faithful reports more than compensate us for the general paucity of literature upon the subject. Since Bumstead's report of this eruption (*Amer. Journ. Med. Sci.*, July, 1871, p. 9,), it has been discussed by Hutchinson, Tilbury Fox, Duhring, Finny and others; and to Hyde, of Chicago, we are especially indebted for a summary of these writings together with valuable observations of his own (a contribution to the study of the bullous eruption induced by the ingestion of the iodide of potassium *Archiv. of Dermatol*, Oct., 1879, p. 333). It is more rarely observed than pustular iodide eruptions, and was not known to earlier writers (Fischer, Bazin et al). It appears preferably upon the face, backs of the hands, wrists and forearms, but also upon the arms, thighs, legs, feet, toes and, more rarely, upon the trunk. The bullæ begin as hard papules or vesicles and rapidly increase in size. They may constitute the only lesions, or, more commonly, may succeed or accompany iodic erythema, papules, vesicular or pustular rashes and purpuric spots. At first the lesion may be no larger than a pinhead, tense, shining and with non-purulent contents. In whatever way beginning the bullæ may rapidly attain a large size; indeed may equal the size of pigeon eggs. More commonly they do not exceed the dimensions of a pea. They are tense, show no disposition to rupture, and are of translucent appearance, becoming as they grow older more opaque and milky in appearance, rarely pustular; or they may assume a dark, violet or purplish color from admixture of blood. In the opalescent stage, while still tense, they may bear a close resemblance to a variolous eruption, this resemblance being occasionally heightened by a more or less marked umbilication.

If left undisturbed the bullæ tend to become flaccid and their contents to be absorbed, so that, finally, a thin crust is all that marks the site of the former blebs. Duhring (*Med. and Surg. Rep.*, xxxvii, 1877, p. 89), describes the older bullæ as often presenting an appearance like boiled sago grains, such as has been noted by Fox in his descriptions of dysidrosis, which affection, by the way, the rash under discussion when encountered upon the hands and fingers, closely resembles. If ruptured, whether by accident or design, the contents of the bullæ may prove to be either a serum, thin and transparent, or lactescent from admixture of pus, or even bloody, or of a semi-gelatinous character (Hyde), similar to the bullæ sometimes observed in poisoning erup-

tion. They are surrounded by very slight redness and occasion insignificant subjective symptoms. Sooner or later these bullæ subside, leaving after removal of the crust, only pigmented spots which disappear without delay. Scarring has not been noted, although Tilbury Fox has seen hypertrophic granulations spring up from the sites of the blebs, certainly an evidence that some formation of scar tissue may occur.

The bullous iodic rash, then may be accompanied by erythematous, papular, vesicular, pustular and purpuric eruptions. It differs, however, pathologically, from the papular and pustular rashes in that it seems to have its seat, not in the sebaceous glands. This is, at least, established with some degree of certainty; for although Tilbury Fox (*Lancet*, ii, 1879, p. 807. Transac. Clinical Society), describes the lesion as a modified sebaceous gland inflammation, it is difficult to understand how, if this were true, the forearms, hands, fingers, lower extremities, feet and toes should be implicated more often than parts far more abundantly supplied with these glands. But there are much more cogent reasons for refusing to assent to Dr. Fox's views. That he can be only partially right is proven by the occurrence of large vesicles in scar tissue and of bullæ in the palms of the hands where there are no sebaceous glands, as observed by Hyde and Duhring. The microscope, again, has afforded valuable evidence. Thin examined the skin under an iodic bulla from the dorsum of the hand. He found it to present three areas of change. The innermost area was of a structureless, faintly granular substance with scattered rows of leucocytes; the middle area consisted of a delicate reticulum filled with exudation cells; the outer area was made up of remnants of connective tissue bundles separated by wide spaces. There were a few blood-vessels in the second area, a large number in the third. These were much distended and partially disorganized in many instances. *The sebaceous glands were not affected.* The bullæ were formed by injury to the walls of the blood-vessels of a limited area, and by consequent escape of blood-fluid, which displaced the connective tissues pierced the rete mucosum and accumulated under the horny epidermis (Transact. Royal Medical and Chirurgical Society *Lancet* ii, 1878, p. 696). Duckworth and Harris have also had opportunities of examining with the microscope, an eruption of herpes-like vesicopustules resulting from the ingestion of iodide of potassium. Their results were confirmatory of those of Thin, *the follicles remaining unaffected.* These writers regarded the process as a superficial vesicular dermatitis, probably produced by the action of the drug on the lining membrane of the blood-vessels.

[*To be Continued.*]

POISONING BY ILLUMINATING GAS.

BY JOHN MORRIS, M. D, BALTIMORE, MD.

Member of the American Public Health Association, Etc.

(*Read before the Baltimore Academy of Medicine.*)

The frequency of deaths from the inhalation of illuminating gas in the cities of this country makes the subject worthy of the attention of physicians as well as humanitarians. Within the past few weeks I have been called to two cases, the last a fatal one, of poisoning by illuminating gas. My attendance on these two cases has led me to the investigation of the subject of gas manufacture, and the results of the different processes employed by the gas companies of our city. This was done with a view of

ascertaining how far and how differently the lives of our people are endangered by the gas furnished them, and what precautions can be taken to prevent mischief in the future. A question, too, which relates to medical jurisprudence has arisen in my mind, in the examination of this subject, which, I think, of some interest, and which I shall bring before you to-night. Before proceeding further, however, I shall lay before you a description of the symptoms of poisoning by gas gleaned from the cases that have come under my observation.

In a patient who is discovered before absolute coma has taken place, or those who have been aroused from an unconscious condition, the symptoms are as follows: Great lividity of face; incoherence of speech and loss of muscular power, due of course to the carbonized condition of the blood. Intense headache, giddiness and irritability of the stomach follow a restoration to consciousness—these symptoms, as well as the lividity of skin last in some instances for days. The urine is secreted very scantly; if examined, it will be found to contain albumen. After standing for a short time it soon changes into a mass of phosphates. The blood becomes entirely venous in character.

The distress which follows the inhalation of carbonic oxide, it is impossible to describe—it is a distress from which there is no escape, and for which nothing, really nothing, can be done. Time is the only restorer. Such means as may be thought useful to promote the elimination of the poison and soothe the patient's suffering may be employed; but they can avail but little. In the fatal case, which occurred lately at the Northern Central Hotel, the symptoms were as follows:

John Engel, a stranger, took lodgings at the Northern Central Hotel, on Friday night, October 30th, at 12 o'clock. He was partially under the influence of liquor when he retired to bed, but he was able to light the gas without the assistance of the servant who accompanied him to his room. In the morning the smell of gas was perceived through the hall, but the source of escape could not be discovered. About 9 o'clock, nine hours after Engel had retired to bed, the proprietors of the hotel broke open the door of his room, having first failed to get any answer by calling and knocking in the loudest manner possible. Engel was found in bed in a state of profound unconsciousness. I was summoned as soon as possible. Placing the patient on a rocking-chair before an open window and covering him with blankets to keep up bodily heat, he was kept in that position for seven hours, so that he might inhale atmospheric air in the largest measure possible. A powerful faradic current was in the mean time used along the course of the pneumo gastric nerve to excite the muscles of respiration. Under its influence twenty-eight regular and deep inspirations were obtained. On the second day, however, the respirations became hurried (60 in a minute), and wholly abdominal. I think it is possible that the patient may have had a convulsion sometime during the first part of the night, at an early stage of the narcosis, as his tongue was bitten. Though exposed to a draught of cold air for more than eight hours, the bodily heat never lessened The temperature when first taken was 100½ in the axilla, and rose to 102½ before death. The respiration before the battery was used was 44, and somewhat shallow, but under the influence of the battery, as before stated, became deep and regular. The pupils were contracted to a pin's point, and the eye was totally insensible, even to touch. Whilst the Faradic current was being used the pupils dilated slightly, and the muscles of the face contracted very sensibly. These symptoms, for a time, gave those in attendance some encouragement. Hypodermic injections of brandy and ammonia were employed with

very slight temporary improvement in the pulse. The circulation at no time gave evidence of the grave character of the trouble. When the patient was first seen it was about 120; under the influence of the battery it reached 140 pulses to the minute, but became steadier and firmer. Towards the conclusion, the pulse lost character, and reached 160. The lungs were very little influenced by the effects of the poison. Some emphysema was present, but a notable absence of rales. The breathing at no time became stertorous. The only change that took place in the patient's condition that simulated consciousness was a moaning, at intervals, as if from internal distress. This occurred a few hours before death. The condition of the skin was a marked feature in the case. There was a very sensible perspiration from the onset. This was increased afterwards to a very copious diaphoresis, which continued nearly to the last. The sweating was so profuse as to saturate the sheets and blankets. The kidneys I believe ceased to act after the first day. I emptied the bladder with the catheter on the first day, and secured about 16 ounces of highly colored urine, which contained, as may well be supposed, a large amount of albumen.

Afterwards, I was unable to get a single drop. The urine which appeared to be clear at first became a degenerated mass in two hours, resembling soap suds in character. The excessive diaphoresis may have accounted for the scantiness of the urinary secretion, but its total suppression was no doubt owing to the uræmia incident to the blood poisoning. The patient died, however, without any sign of convulsions. Rigor mortis followed very rapidly and was of a most marked character. No post-mortem was permitted, but had the body been examined, the usual conditions found in such cases, such as congestion of the brain and an engorgement of the muscles of the heart would have been discovered. The blood in Engel's case became very dark as was evidenced by the ecchymoses following the hypodermic injections. The blood is usually bright red in cases of poisoning by pure carbonic oxide gas, but when it is mixed with carbonic acid gas, as in cases of death from charcoal vapour, the blood is always found to be of a darker colour than natural. It was formerly believed that deaths resulting from charcoal vapour were due to carbonic acid gas but it is now known that it is carbonic oxide which is the deadly agent, it being evolved in the consumption of charcoal. Leblanc says that one volume of it diffused through a hundred volumes of air totally unfits it to sustain life; and it appears that the lamentable accidents which too frequently occur from burning charcoal or coke in braziers or chafing dishes in close rooms, result from the poisonous effects of the small quantity of carbonic oxide which is produced and escapes combustion, since the amount of carbonic acid thus diffused through the air is not sufficient in many cases to account for the fatal result. This leads us to the investigation of the character of the gas inhaled by our patient Engel. Before doing this, however, we will refer to another fatal case of the same character—that of Mr. Scheib, which occurred a few weeks ago. The symptoms in Mr. Sheibs case, as related to me by his brother, were very similar to those already described. The bodily temperature was never reduced, though the patient lived for 36 hours; the skin was moist, but the diaphoresis moderate; the kidneys acted freely, at least a quantity of highly colored urine was twice obtained by the use of the catheter; the breathing was more hurried than in Engel's case, varying from 40 to 60 in the minute. The pulse was also frequent. The blood was dark, and when examined by the microscope was found to contain but few cor-

puscles. Mr. Sheib never at any time gave evidence of conciousness, though the battery and other means were employed to rouse him from the deep coma in which he was found.

There are three gas companies in the City of Baltimore and the processes employed in each are different. The gas inhaled by Engel and Sheib was that manufactured by the Mutual Consumer's Company, and is commonly termed water gas. The gas supplied by the old company which is the kind furnished nearly every where throughout the world is made almost exclusively from bituminous coal. For this purpose the coal is distilled in a close retort, and evolves certain gases and vapours, some of which are combustible, and some, like steam are condensible, a residue of coke being left behind. It is necessary before the gas is delivered to the consumer to remove those vapours which can be condensed, such as tar, water, etc., and also those non condensible gases, which either diminish largely the illuminating power, if left in the gas, such as carbonic acid, or which when the gas is burned, give rise to products of combustion which are injurious, such as sulpuretted hydrogen and ammonia. The removal of these necessitates two other operations, condensation and purification. The distillation of the coal in the process of making gas is performed in iron or clay retorts which are heated by a coke fire to a high temperature. This distillation continues for four or five hours. The retorts are then opened and the hot coke raked away. The gas passes from the retort, through the hydraulic main to the condenser, thence to the washers, where most of the ammonia is removed, and finally to the purifiers, where it is deprived of those noxious substances not taken away by the condenser. The substances are chiefly carbonic acid and sulphuretted hydrogen. Carbonic acid in gas lowers the illuminating power and sulphuretted hydrogen is injurious by giving rise in burning to sulphurous and sulphuric acid, which are injurious to books, picture frames, silks and other delicate structures. It is impossible to remove the sulphur entirely from gas, but the English law requires that it should be entirely free from sulphuretted hydrogen, and that the amount of sulphur in other form shall not exceed 20 grains per 100 cubic feet. To remove sulphuretted hydrogen, carbonic acid, etc, several methods are used the material employed, being lime and oxide of iron. Lime is used both in the wet and dry state, but, as it creates a nuisance in the neighbourhood of the works on account of the noxious odors evolved, the iron process is preferred. This consists in passing the gas through some mixture containing sesquihydrate of iron. Sulphuretted hydrogen in the gas acts on the sesquihydrate of iron to form water, sulphur and hydrated sulphide of iron, which last, on exposure to the air, is changed again to sesqui-hydrate of iron and more sulphur is set free This is a cheap plan, and is very generally adopted in Europe. Gas thus made consists, according to experts, chiefly of hydrogen (40–50 per cent), marsh gas (35–45 per cent.), carbonic oxide (4½–7½ per cent.), olefiant gas and other hydro carbons (4–8 per cent.), and usually very small amounts of carbonic acid and air. The composition of cannel gas is about the same, the proportion of hydrogen, marsh gas and olefiant being a little different. Gas is also made from petroleum or naptha and is used extensively for enriching purposes. When made from Pennsylvania petroleum, it contains no sulphur or ammonia, and requires no purification According to Prof. Wood, Harvard University, to whom I am indebted for many statements in this paper, *pure* petroleum or naptha gas can be inhaled with as much impunity as nitrous oxide, the symptoms produced being quite similar. By naptha gas is meant such gas as is

made by decomposing naptha in heated retorts, and not such as is made in gasoline machines.

The third variety, the so-called water gas is next to be considered. We shall go more into detail in describing the mode of preparing this gas as it proved such a deadly poison to our poor patient, Engel and Mr. Sheib. The theory of the manufacture of this gas differs entirely from that of coal or naptha gas. It depends, first, upon the production of a non-illuminating gas from steam; and, secondly, upon the manufacture of petroleum, naptha or cannel gas, for the purpose of furnishing luminence. The great advantage of this process is, that very large volumes of non-luminous combustible gas can be made very cheaply. This is done by passing steam over incandescent carbon, which has a very powerful attraction for oxygen, abstracts it from the steam, and unites with it to form at first a mixture of hygrogen and carbonic acid. The carbonic acid is on passing through another layer of coal, deprived of one-half of its oxygen, and thus becomes carbonic oxide. We have then as a result, if the process has been properly conducted, a mixture of hydrogen and carbonic oxide, both of which gases are combustible, but burn with a colorless flame.

Anthracite and not bituminous coal is used in making water gas, and great care is necessary to keep the temperature up to a white heat, since if it falls too low, a large proportion of carbonic acid is formed, which must be removed by purification for, if not removed, it will injure the illuminating power of the gas. Anthracite coal contains sulphur and yields ammonia when distilled, so that purification is as necessary in the case of water gas as of coal gas. Water gas made by the process thus described contains about 40 to 50 per cent of hydrogen, 30 to 40 per cent of carbonic oxide about 10 of- petroleum or naphtha gas. Formerly the illuminating power of water gas was obtained by introducing into the non-luminous flame, metallic platina, or by mixing the water gas with rich gas obtained from peat, or resin, or some other carboniferous material. It will be seen that in the ordinary process for making water gas from 30 to 40 per cent. of carbonic oxide is obtained. The Mutual Consumer's Company of this city, which makes its gas by what is called the "Lowe" process claims to remove this carbonic oxide, since in that process an excess of steam passes with the gas from the furnace or generator through a chamber filled with white hot fire brick, called a super-heater or fixer. This, as I stated before, was the gas inhaled by Engel and Sheib. That carbonic oxide can be removed, experimentally, by heating to a high temperature in contact with an excess of steam, I do not deny but, that it is constantly accomplished, I very much doubt. That it was accomplished in the cases of Sheib and Engel, I do not believe. In justice to the company, however, I will give the statement of the engineer, Mr. Wurtz concerning the purity of the gas.

The extreme freedom, he writes to the company, of your gas from all the impurities found usually in ordinary illuminating gases is very remarkable and noteworthy. Daily tests were made during the late afternoon hours when the holder was well up with lime-water for carbonic acid, with lead paper for sulphuretted hydrogen, and with turmeric and feebly reddened litmus-paper for ammonia. In each case the amount of gas used was five cubic feet by the meter slowly passed over the reagent papers (prepared by myself) enclosed in glass tubes. The lime water (which was strong) was contained in a test-tube, and the gas made to bubble through until the liquid had mostly disappeared from being mechanically conveyed away by the current of gas. The extraordinary fact must be stated that in no case was it found possible to detect

the faintest trace of carbonic acid, sulphur or ammonia. I have no hesitation in pronouncing this to be the cleanest gas that has come within my observation. The experiments previously related indicating the entire absence likewise of all traces of mechanically suspended tarry or fuligmosis matter complete the evidence of the absolute efficiency of your purifying boxes.

This same Mr. Wurtz, thus in the interest of the company replies to a question as to the safety of the gas in case of leakage or accident compared with other gases. *Question*—Whether in the event of leakage in dwellings, the new gas is more dangerous, or less dangerous to life and property than ordinary gas, coal gas? The dangers from leakage of gas are two in kind. 1, from suffocation by inhalation. 2, from explosion and fire. Of these the last is much the most common, and the most serious—involving injury to both property and life. Indeed, suffocation rarely or almost never arises from ordinary (accidental) leakage, but mostly from inexcusably culpable negligence, or ignorance. Facts on record support strongly the belief that variation in composition of illuminating gases has little or no appreciable influence on its suffocating quality. The most narcotic agents present are the illuminating hydrocarbons, and a small percentage of these in air is always dangerous to life, by reason of the rapid anæsthesia which follow their inhalation. Carbonic oxide is also a powerful anæsthetic, but not more so than these heavy hydrocarbons, on which the illuminating value of all these gases depends.

As to the *explosiveness* of the two gases, however, and the dangers arising therefrom, the new gas has a decided advantage. Carbonic oxide is a gas whose explosive power, for equal volumes, is far smaller than that of *marsh gas*, a main constituent of ordinary gas-coal gas. This is because in exploding, marsh gas consumes *four times as much oxygen* as carbonic oxide. The introduction of the Lowe gas must therefore be attended with diminution of risks to life and property.

This statement is very plausible and I give it as a part of the *res gesta*.

The important point in the cases of Engel and Sheib relating to medical jurisprudence, which I have alluded to in the beginning of this paper is this: the absolute impossibility of diagnosing the cause of the death of these gentlemen in the absence of any history of their cases. Had either one been poisoned by design—that is, had he been gagged and imprisoned in a room, and compelled by force to breath carbonic acid gas combined with carbonic oxide for seven or eight hours, and then removed to a field or highway distant from the place of poisoning, and afterwards found in a state of coma similar to that already described, no medical man on earth would be able to point out the exact character of the trouble or the form of narcosis from which he was suffering. The only resemblance to be found to opium poisoning or the poison of alcohol would be in the character of the pupil and the condition of coma. Engel's state was very much like that of a patient profoundly under the influence of ether, but in poisoning by ether it is not likely, even if possible, for a person to live 40 hours totally unconscious; indeed, I know no form of narcosis save that produced by carbonic oxide, which could present the train of symptoms met with in this case. I call this carbonic oxide poisoning because I believe that carbonic oxide, though present perhaps in a limited quantity was the true source of the fatal mischief. As the blood was dark, it may be presumed that carbonic acid gas was the predominating influence. This may be true, for it requires a very small quantity of carbonic oxide to render carbonic acid gas a deadly

poison. It is the admixture of carbonic oxide with carbonic acid gas that makes it so destructive—even five per cent. of the latter is fatal to life when so little as one-half per cent. of the former is mixed with it. The use of carbonic oxide gas as an anæsthetic was suggested many years ago by Dr. Ozanam and, from my observation of its effects in Engel's case, I am inclined to believe that if properly and duly blended with other agents, it may and will become a safe and useful means of producing anæsthesia. Taylor, in speaking of the gaseous products from lime burning which are carbonic acid mixed with carbonic oxide and sulphurus acid, says: Persons who have incautiously slept in the neighbourhood of a burning lime kiln during a winter's night have been destroyed by the respiration of these vapours. The discovery of a dead body in such a situation would commonly suffice to indicate the real cause of death; but a practitioner ought not to be the less prepared to show that there existed no other apparent cause of death about the person. It is obvious that a person might be murdered, and the body placed near a kiln by the murderer in order to avert suspicion. If there are no marks of external violence the stomach should be carefully examined for poison; in the absence of all external and internal injuries, medical evidence will avail but little; for a person might be criminally suffocated, and his body, if found under the circumstances above stated, would present scarcely any appearance upon which a medical opinion could be securely based. An accident is related by Foderé to have occurred at Marseilles, in which seven persons of a family were destroyed, in consequence of their having slept on the ground floor of a house in the court yard of which a quantity of limestone was being burnt into lime. In November, 1838, a man died three days after being exposed to the vapours of the lime kiln (*Guy's Hosp. Rep.*, 1837).

The treatment of poisoning by illuminating gas need not greatly occupy our attention. All the means used to save the lives of Engel and Sheib proved fruitless. Inhalation of pure oxygen have been suggested, but I do not see that they possess any merit over pure atmospheric air. Transfusion of blood, that is the transfusion of pure blood into one arm, whilst a vein is opened in the other arm to let out the vitiated blood has also been suggested, but I much doubt the efficacy of such a plan. The truth is that owing to the degeneration, if not destruction, of the constituents of the blood, which follows the inhalation of illuminating gas, all the processes of life are arrested, and consequently we can but look on and watch the approach of death. Traube, in the *Berliner Clinik*, relates a number of interesting cases of gas-poisoning, the majority of which proved fatal. Berlin has increased very rapidly in population, and, owing to the large influx of the rural population, these accidents occur very frequently. Traube say, that those who do recover, lead afterwards a wretched life, and meet a lingering death, from some lesion of the lungs, heart or brain. Traube's cases are a valuable contribution to the literature on this subject, and I commend his work to the attention of the profession.

NOTE.— Drs. W. C. and Claude Van Bibber gave me valuable aid and counsel in Engel's case.

DR. R. Stansbury SUTTON has declined the professorship of operative surgery in the College of Physicians and Surgeons of Baltimore, which was tendered him, his professional engagements here being such that he could not leave Pittsburg in time for the college session, which begins October 11th, 1880.—*Med. and Surg. Reporter.*

A NEW METHOD OF WRITING PRESCRIPTIONS.

BY C. H. MERRICK, M. D., CANYONVILLE, OREGON.

Without preamble or preface let me drive directly at the subject.

For John Smith.

2–16–1. No. 1.

Tinct. Opii Camph.,	10	00
Tinct. Kino,	5	00
Potassa Bicarb.	3	00

Syrup Rhei Aromat. q. s.
Take a teaspoonful every 4 hours.
Dr.——— Date——

For John Brown.

4–32–2. No. 2.

Bromide Potassa,	20	00
Iodide Potassa,	10	00
Fl. Ex. Valerian,	30	00
Sy. Auranti Cort.,	60	00

Aqua cin. q. s.
Take a teaspoonful every 6 hours.
Dr.——— Date——

For Mr. Jones.

6–48–3. No. 3

Sy. Scillæ Simp.,	20	00
Vin Antimonii,	10	00
Sp. Æth. Nit.,	30	00
Tin. Opii Camp.,	15	00
Morph. Sulph.,		10

Mucil. Acacia ——
Aqua Rosea. āā q. s.
Take a teaspoonful every 6 hours.
Dr.——— Date——

For Mr. White.

8–64–4 No. 4.

Potassa Chlorate,	8	00
Tin. Ferri Chlo.,	4	00
Tin. Myrrh,	10	00
Sy. Sarsaparilla,	60	00
Tin. Aconite Rad.,	1	00

Aqua Cin. q. s.
Take a table spoonful every 6 hours.
Dr.——— Date——

For Charley Smith.

2–16–1. No. 5.

Hyd. Cum Creta,	5	00
Santonine,	1	00
Pulv. Glycyrrhiza,	10	00

Take one every 4 hours during one day. Follow with oil at night.
Dr.——— Date——

For Mary Jones.

6–48–3. No. 6.

Bismuth Sub. Nit,	10	00
Pepsine,	5	00
Magnesia Cal.,	15	00
Pul. Acacia,	12	00

Take one at each meal.
Dr.——— Date——

For Susan White.

6–48–3. No. 7.

Elix. Bis Pep. & Strych.,	
Elix. Calisaya Bark,	
Vin. Portense,	
Sy Sim.,	

Take a teaspoonful at each meal.
Dr.——— Date——

Explanation:—Look at No. 1. The 2 in the upper left corner means a two ounce mixture. The 16 means so many parts, powders, pills or teaspoonful doses. The 1 means that for every unit of medicine there is one unit in each part, powder or teaspoonful dose. For instance; there are 10 minims of tin. opii camp., 5 minims tin. kino and 3 grains pot. bicarb. to each teaspoonful of the mixture. Sy. rhei arom. q. s., means enough to make a "16," or 2 ounce mixture.

Look at No. 2. Here we have a 4 ounce mixture of 32 parts, and a half unit for every unit of medicine; that is to say, 20 half grains of bromide of potash, 10 half grains of iodide of potash, etc.

Look at No. 3. Here we have a 6 ounce mixture containing of syrup of squills twenty-thirds, or six and two-thirds minims, to each teaspoonful; fifteen-thirds of paregoric, or five minims, to each dose, etc. Mucilage and rose water q. s. to equal the six ounces.

Number 4 is an 8 ounce mixture, and contains eight-fourths, or two grains of chlorate of potash; four-fourths, or one minim, of tincture of iron, etc., to each teaspoonful. But the directions require a table spoonful and of course four times the above amounts will be given, or just what the figures express as they stand. It need not be pointed out that an 8–64–4, mixture with table spoonful doses is precisely the same as a 2–16–1, mixture with teaspoonful doses.

No. 5 calls for powders. Here we might omit the first figure in the indicator as surely the druggist must know that a two ounce mixture is not called for in this case, as there is no vehicle with q. s. added. As the prescription stands, the druggist would put up 16 powders made up of the three medicines in the proportions indicated. But suppose we add to the prescription this line: Syrupi sim. q s. Then the druggist would put the three articles with syrup enough to make two ounces. The same remarks apply to No. 6. Read this prescription in the same manner we read No. 3. Suppose we change the indicator figures to 12–96–6. It is easy to see we reduce the medicines in each dose one-half. We can direct pills instead of 96 powders, and order as many to be taken at a dose as may seem necessary.

It will be noticed in No. 7, that the indicator figures are the only ones in the prescription. Of course it calls for a 6 ounce mixture containing equal parts of the four articles mentioned.

The beauty of this system consists in its simplicity of adoption, and in the important fact that any prescription shows on its face the exact number of minims or grains of medicine in each dose. Ten minutes thought is sufficient for any one to put this system into immediate practice as we do not have to forget our firmly implanted scale of doses as expressed by grains and minims. Do not raise the unimportant objection that this system is not an absolutely accurate translation of the old plan. It is near enough for all practical purposes, and wipes out the tangling intricacies of ounces, drams, scruples and grains. Remember that the figures are written decimally, those to the left expressing dollars and those to the right expressing cents. Thus a half dollar U. S. silver coin weighs 12.50, or twelve dollars and fifty cents, in other words twelve and a half grams. A quarter dollar coin weighs 6¼ grams; a dime weighs two and a half grams, and a nickle, five cent piece, weighs five grams. Weights are easily obtained from any wholesale druggist. For filling prescriptions, weights or less than —10 are not required. Suppose I want to give a small dose of strychnine. I order: 8–64–4. Strychnine | 10. Each teaspoonful contains one-tenth of a quarter of a grain equal to one-fortieth of a grain. Now I direct ten, twenty or thirty drops as I may wish, thus getting a very small fraction of a grain at a dose. Or if I do not want to send so large a bottle to a patient I order 4 | 00 of an 8–64–4, mixture as above, to be put into a 2–16–1 mixture, and graduate the dose accordingly. It is easy to understand the effect of figures on the right side of the line. Let us look at No. 3. Suppose we change the decimal line thus:

A	Medicine,	2	00
B	"	1	00
C	"	3	00
D	"	1	50
E	"		10

To each teaspoonful dose we now have of A ⅔, B ⅓, C $\frac{3}{3}$ or 1, D ½ and E $\frac{1}{30}$ of a grain or minim; in other words ten times less than before.

One word in regard to size of prescriptions. Take the figures 2–16–1 as a model and we can order any amount from 1–8–3 to 16–128–8. The usual sizes are or should be 2–16–1, 4–32–2, 6–48–3 and 8–64–4. After becoming familiar with reading these

indicators it would be well enough to omit the first figure. It will not take physicians nor druggists long to fix in the mind that 16 means a two ounce mixture, 32 a four ounce, 64 an eight ounce, etc. The final figure should be retained as that serves as a denominator, the figure attached to the medicine being the numerator as already explained.

REPORTS OF CASES.

A FEW CASES FROM A MORNING SERVICE IN THE OUT-DOOR DEPARTMENT OF THE HOSPITAL FOR THE RUPTURED AND CRIPPLED, NEW YORK, NOVEMBER 8, 1880.

BY V. P. GIBNEY, M. D., NEW YORK.

1 *Spurious valgus, or splay-foot.*—A girl æt. 12, very anæmic, presents this deformity in both feet in a marked degree. Very little history can be obtained, the mother stating that for a year or two the girl has been wearing the shoes off on the inside, and for a few months has been tiring on the slightest walking. No spinal deformity or tenderness can be found, and the calves are of equal size. With one hand the deformity of the foot can be easily overcome. The treatment is an iron tonic with as much out-of-door exercise as her circumstances will permit, and a spring for each shoe. This spring consists of a piece of sheet steel of medium guage, cut the shape of the inside sole, *i. e.* that part of the sole extending from the heel to the ball of the foot. With a hammer one side of this steel near its middle is beaten so as to conform to the normal arch of the foot, the convex surface of course looking upward. The whole is tempered, and then fastened into the shoe with three screws directly over the heel. The other end is left free. A piece of chamois or sheep skin is pasted upon this, and the apparatus is complete. A laced shoe is of course the preferable. In our experience this simple device has given great relief, and even in those inveterate cases of splay-foot is of much assistance in locomotion.

11. *Talipes equinus.*—A boy æt. 12, had infantile spinal paralysis affecting the right lower extremity made a fair recovery without treatment; yet the gastrocnemeus group being unaffected gained the ascendency during the process of repair, and the tendo Achillis has become structurally shortened The deformity is very marked, and with all our force the foot can not be flexed to 90°. The anterior tibial group of muscles, while small, possess fair contractility, both to volition and to the Faradic current. The treatment is Achillotomy, and a club-foot shoe is very simple of construction. It is made of sheet and bar steel. A plate the size of the foot, has a heel cup, consisting of a band about 1½ inches wide, extending from the lower border of one malleolus around under the plate to the lower border of the other; a semi-circular band about 2½ inches deep passes back of the heel at right angles with this first upright band. These are all fastened together by rivets. To the outer side of this heel cup on a line with the tibio-torsal articulation a spring of bar steel is fastened by means of a common iron rivet with a *washer*. This spring is long enough to extend from this point to the upper third of the leg where it is secured with a rivet to a band half encircling the calf. A stop joint is made at the ankle here by means of a pin (rivet) fastened into the upright band of the heel-cup, about one inch below, and about one-half inch in front of the rivet with the washer. The spring is left with a short arm as it were and this arm coming against this pin holds the plate at a right angle with the spring. All this, with the exception of the spring, which is tempered and polished is neatly covered with shaved sheep and pebbled goat skin. The heel is secured in the cup by means of an instep strap, and the foot to the plate by means of a roller. The spring with calf band attached is then drawn backward raising the toe while the band is passed around the calf. It is secured by a strap and button. This application is to be made after the tendon is divided and the calf band is so bent with one's hand that the foot may not be brought down at once to a right angle. It is our rule to bring this down, gradually stretching the new material that forms between the

severed ends of the tendon. The anterior tibial group is treated with Faradism. The prognosis is good, *i. e.* a result nearly perfect.

There are two objections often urged by surgeons, viz; (1) that calcaneum is sometimes produced, and (2) that always the limb is left weaker after tenotomy.

With regard to the first; no sugeon need get a calcaneus if he exercise an average amount of care. The tendon should not be separated too far at first and the stretching should be done very slowly for the first ten days. In a ten year's experience this accident has never occurred. True in one case, it seemed as if we would have calcaneus, but by a little precaution this proved to be only apparent. The child, now after eighteen months has a good tendon, and there is not the first degree of calcaneus.

With regard to the second objection, I do not believe any one can prove the assertion. I have tried hard to prove it by the testimony of intelligent patients and by electrical test before and after operations.

I am free to declare my belief that the objection is based on impressions of the laity, and that the profession has accepted it without *investigation*. Neither objection holds good in congenital club-foot.

VI. *Rachitic genu-valgum, complicated with antero-lateral curvature of the femora; and antero-posterior curvature of tibiæ.*—This is a colored female child, aged 3 years, exceedingly rachitic. The epiphyses of the bones of the fore-arms and those of the legs are perceptibly enlarged. The inner head of the tibia on both sides is elongated, and this taken together with the curvation of the femur produces the knock-knee. There is also a certain laxity of the lateral ligaments, and with a little force one can diminish the deformity about one-fourth. The osseous hypertrophy is so marked, though, that osteotomy is advised.

VIII. *Injury at the elbow* —A boy æt. 5, fell three weeks ago striking his elbow against the pavement, and swelling followed almost immediately. The treatment has been lotions. This morning is his first appearance at the hospital. Rotation of the forearm is perfect, and the movement over the joint surfaces is smooth. Flexion beyond 90° is resisted and extension to 175° is easily accomplished. Hyperextension is a little painful. The bones are in normal position, and there is no tenderness on handling the parts, no infiltration. There does seem to be a little thickening, by comparison, over the external condyle. There is no callus, and no line of fracture can be made out. The diagnosis is a simple contusion and hot fomentations are ordered for one week.

IX. *Arrest of development of the upper portion of the rim of the acetabulum l. side (congenital dislocation unilateral).* —This patient is a girl æt. 3 years, and comes from North Carolina for apparatus. There is the characteristic gait—a swinging movement. With one hand the head of the femur can be distinctly felt and there is one inch shortening. This can be overcome by traction. Nothing is advised in the way of treatmeat. Apparatus so far as our experience goes is of no permanent value. Theoretically and practically it is useless. The spinal column should be observed from time to time by the family physician and if deviation occurs by virtue of the shortening of the limb a shoe with high-sole should be employed.

X. *Weak ankles in a rachitic child.* —A male aged twenty months has been walking since the sixteenth month and the feet stand in marked valgus. The abdomen is large and tympanitic. The treatment is constitutional; i. e, a stomachic, subnitrate of bismuth for instance, and a regulated diet. In other words the digestive organs are treated, and the mother is directed to keep the child off the feet as much as she can—cod-liver oil is also prescribed.

There is no need for springs. These cases in the country get well of themselves.

XI. *Bow-legs.*—Male child, age two and one-sixth years, present this deformity in a very marked degree. The curve is chiefly in the lower third and is quite sharp. The bones are very hard and although the patient is only two years and two months old the treatment by springs will be very unsatisfactory. We shall give the child the benefit of the doubt. The springs are of simple construction and are worn inside the shoe, in order that the force may be kept up night and day. The inner spring is of hard steel and extends from a round pad

over the inner condyle to the heel cup of the foot plate. The foot plate and heel cup are like those for club-foot. About six months is the usual duration of treatment.

XII. *Paralysis of the deltoid occurring probably during delivery.*—This child aged five weeks, is one of twins, born at full term, foot presentation. The mother observed the loss of power soon after birth. The limb is of equal length with its fellow and the joint movements are good. There is inward rotation to a moderate degree and a paresis of the muscles supplied by the radial nerve. The electrical reactions are not ascertained from lack of tissue. The Faradic current is to be employed three times a week. The case is very interesting one, and we hope to give the results of treatment.

The cases in this report are all new ones, and comprise only a small number of those appearing for treatment. I have not included any of the hernia, or the varicose veins cases.

SOCIETY REPORTS.

BALTIMORE ACADEMY OF MEDICINE.

MEETING HELD JUNE 8TH, 1880.

H. P. C. WILSON, M. D., President, in the Chair.

EUGENE F. CORDELL, M. D., Reporting Secretary.

UNUNITED FRACTURE OF HUMERUS. —*Dr. Taneyhill* presented a patient with the following history: During a storm at sea, April 26th, 1879, he being then a sailor in the U. S. N., he was struck by a log of wood, and his right humerus fractured at about the middle of the shaft. He was treated by the surgeon on board by extension and splints. After six weeks these were removed and a plaster of Paris apparatus applied. On the removal of this, he was unable to elevate the forearm, and ununited fracture was diagnosed. The fractured ends were then rubbed together and the plaster of Paris reapplied. Still union did not take place, and in consequence, he received his discharge from the service. There was no cause for the non-union apparent, except general debility of the patient at the time of the injury. As this had now been removed, Dr. Taneyhill proposed to operate for the restoration of the integrity of the limb.

Dr. Tiffany remarked that his measurement showed that the fragments overlapped about two inches, and admitted one inch lateral motion. The upper fragment was in front. On extension the ends of the bone could be brought within one-half inch of each other. The occurrence of non-union after fracture of the shaft of long bones, except in cases where there is some constitutional involvement, is exceedingly rare. The extremities of the bones in this case are rounded off and separated by fibrous tissue. The posterior fragment had probably been buried in the triceps muscle, and sufficient extension had not been made to bring the broken ends in apposition. He thought an operation justifiable.

PROCIDENTIA UTERI; PASSAGE OF NUMEROUS CALCULI FROM THE BLADDER. —*Dr. Eyster* reported the case of an old lady, who had passed 24 calculi, after the restoration of her uterus, which had been projecting from the vulva for 30 years, and the application of a Hodge's pessary. The uterus being thus retained in its normal position, she improved very much.

Dr. Erich remarked that it was very unusual to be able to retain the uterus in position with a Hodge's pessary, after it had been so long out of the body. The explanation of the calculi was that the bladder had been dragged down, and a *cystocele* formed, in which the urine stagnated and phosphatic calculi formed. It is very hard to get old and childless women to allow a pessary to be applied, if you have not the good fortune to fit them on the first attempt. It is difficult also to find a pessary that will not cause irritation either of their bladder or bowel. A ball of cotton soaked in glycerite of tannin answers well, in such cases, as a substitute for the pessary. The chief objection is that it has to be reapplied every day.

Dr. Tiffany said the specimens exhibited were probably phosphatic. They were not smoothed off on their sides, which indicated their retention somewhere where they had been absolutely at rest.

Successful Operation for Restoration of Obliterated Vagina.—*Dr. Erich* reported a case, in which, as the the result of a protracted labor three years ago, sloughing took place, and the vaginal canal was completely closed. Every month the patient suffered agony from the accumulation of menstrual blood in the uterus. The uterus could be felt through the rectum distended with fluid, and in front of it a smaller and somewhat softer sac, also containing fluid, supposed to be a portion of the upper end of the vagina. Operated according to Emmet's directions, evacuating the fluid at once, and washing out the womb thoroughly with carbolized water. The first step of the operation was to cut vertically into the centre of the vulva and through the cicatricial tissue, with a pair of sharp scissors; a sound was then introduced into the bladder and two fingers into the rectum, and the cicatricial tissue gradually dissected up to the tumor. There was no sign whatever of the cervical canal. The scissors were therefore pushed on through the centre of the tumor where it was supposed the os had been. The blades of the scissors were then gradually separated until a finger could be introduced into the now accessible interior of the uterus. The blood which escaped from the uterus had the color and consistency of tar. After washing out the uterus until the fluid which came away was clear, a Sims' dilator was introduced. As little cutting as possible was done, for fear of entering the bladder or rectum (an accident which Dr. Erich had known to occur in the practice of another physician). The washing was only repeated once. A vaginal dilator will have to be worn for a considerable length of time. If the patient were married there would be no return of the trouble. Should any contraction occur, the dilator will be resorted to again. Dr. Erich only knew of two other such cases in Baltimore, both resulting in failure.

In a case where the patient would not consent to an operation, great relief had been afforded by the use of the bromide of potassium in 3 ss doses for a week before each monthly period. This remedy will increase the intervals in normal menstruation. The addition of Fowler's solution will prevent the eruption to which it sometimes gives rise.

Dr. Griffith referred to a case, in which the vagina was obliterated as the result of an abortion. The finger could enter only one-half inch. Aspiration was tried without success. The cicatrix was then torn asunder until the os uteri was reached. Five years have elapsed, and the patient is still well.

Dr Wilson had operated on a patient, seven years ago, for congenital atrophy of the vagina. She was 28 years old, but had never menstruated. Her agony was intense, and there was every indication of threatened rupture of the uterus. Coition had been practiced, notwithstanding the only indication of a vagina was a little pouch one-half inch long. By first cutting and then tearing,—the sound being introduced into the urethra, and a finger into the rectum, the fluid was evacuated. She died on the 3rd day of Septicæmia The carbolized injection was not employed.

Dr. Erich observed that, since Emmet's improved method was introduced, the operation is simple and almost always successful; whereas, formerly,—with gradual opening and evacuation, recovery was rare.

Dr. Morris was cognizant of a case of congenital closure, in which an operation was attempted, but the uterus was not reached.

Specimen of Amputated Cervix Uteri.—*Dr. Wilson* reported the case of a woman, aged 30, who, in consequence of heavy work imposed upon her in early life, had had procidentia since the age of 15. There was hypertrophic elongation of cervix, the intravaginal portion being 2 inches long; the uterine canal was 5½ inches long. The vulva was very much distended. Amputation, seeming alone to promise any relief, was performed with the thermocautery. The contraction and diminution in size of the uterus will probably cause the organ to remain within the vulva, without the necessity of any mechanical appliance. About 1½ inch of the cervix was removed.

In another case,—that of a delicate Sister of Charity, who had had to carry heavy trays up stairs,—a similar operation was performed, but although the

parts have healed, the uterus shows a great tendency to protrude. He now proposed to close the greater part of the vulvar opening.*

Dr. Erich questioned the sufficiency of the cause, assigned for these cases And in regard to the mode of operating preferred to cut off the cervix and bring the surfaces together by first intention so as to make a natural surface. But in cancer he would employ the thermo-cautery. Cicatricial tissue in the cervix is objectionable. A thick catgut ligature can be passed around the cervix and tightened with the wire écraseur; the operation can then be done quickly and without risk. Should hemorrhage occur, which is unlikely, it may be arrested by ligature or torsion.

The operation with the thermo-cautery is not a bloodless one; the hemorrhage is sometimes as free as with the knife. Flowing blood chills the instrument. Dr. E. employs it red hot. Whenever we can apply a tourniquet the knife is preferable.

Dr. Wilson said that he did not want quick healing, but wanted the wound to suppurate as long as possible in order to diminish the size of the uterus. In his first experience in amputating the cervix with a cutting instrument, he used the tourniquet. On calling some hours after, he found his patient nearly moribund from the hemorrhage.

RESULTS OF USE OF THERMO-CAUTERY IN CANCER OF UTERUS.—*Dr. McKew* inquired in regard to this point; whether the benefit was permanent.

Dr. Wilson cited his first case of cervix removed twenty-one months ago, with this instrument. The disease returned after twelve months; since that, he has been scraping away the growth from time to time, and applying chloride of zinc. The disease, however, is gaining steadily. He had never seen a case cured by the use of the thermo-cautery, but all his cases were benefited and their lives prolonged, he thinks.

Dr. Erich's experience, in five cases operated on with the écraseur, had been similar to Dr. Wilson's.

Dr. Tiffany had seen a case of "superficial epithelial carcinoma" of the cervix, in the practice of Prof. Howard, cured by operation; at least there was no return after seven years. He had seen the patient well within the last six months. The operation was done in 1872. The patient presented herself with an ulcer of the cervix, of a size between a quarter and half-dollar. Dr. Howard being somewhat in doubt of the diagnosis, Dr. Tiffany had cut out a piece of the cervix and examined it under the microscope, when he found the characteristic pearls of epithelioid cells, indicating epithelioma.

There is nothing more common than to see an epithelioma of the lip removed and the patient remain well for life. Here the patient gets frightened, and goes early to the surgeon. The gynæcologist does not see his patient early enough usually to get such results.

In the case above reported, there had been no infiltration of the tissues.

Dr. McSherry thought the term semi-malignant, applied to such growths by Sir B. Brodie, very significant and appropriate. The growth is malignant *per se*, but strictly local for a time.

*This case was subsequently done with success. Reporter

REVIEWS & BOOK NOTICES.

A Treatise on Diphtheria. By A. JACOBI, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, New York. Wm. Wood & Co., New York, 1880. Henry Fleetwood, Agent, Baltimore.

The present work is the outgrowth of several monographs previously written upon this subject by the author. It is based upon the careful study of a large number of cases, and an extensive experience in the management of this disease. The volume begins with a study of the "History" of Diphtheria which is treated at considerable length, and with much care in collecting dates, names and the literature bearing upon the subject. The "Etiology" of the Disease occupies 24 pages. The "Manner of Infection" and "Contagion and Incubation" fill two chapters. Symptoms, Anatomi-

cal Appearances, Diagnosis, Prognosis and Treatment occupy the remaining chapters. At the close of each chapter is a summary of the views presented in the chapter. This is a most excellent feature as it enables the reader to grasp the author's views without reading the entire chapter. It is a judicious way of indexing a book. Any opinion thus advanced can be examined at greater length by reference to the text. Dr. Jacobi is well known to the profession, and his book will be welcomed by all students of diphtheria.

Slight Ailments, Their Nature and Treatment. By LIONEL S. BEALE, M. B., F. R. S., Professor of the Principles and Practice of Medicine in King's College, London, Etc. Presley Blakiston, Philadelphia, 1880, Pp. 346.

The author of this book is too well known to advanced students of medicine to require an introduction. His works on the Microscope, Disease Germs, Bioplasm, Protoplasm and other scientific subjects are quite familiar to many of our readers. The fact that he has undertaken to write a treatise on "Slight Ailments" is a guarantee that the subject has received a careful and scientific handling. In fact the book is filled with such useful and practical suggestions as would naturally come from a mind well stored with knowledge and accustomed to present a large experience to students The subject matter was first presented in a course of lectures to students from which shorthand notes were taken. These notes have been re-arranged, and carefully revised, and much new matter added to them. The book is designed for students, but is nevertheless valuable to the physician.

The Popular Science Monthly for December, is filled with choice and valuable matter. It opens with the second paper on "The Development of Political Institutions," by Herbert Spencer. "Science and Culture," is an able address contributed by Prof. Huxley. Dr. G. M. Beard, contributed a curious paper on the nervous phenomena exhibited by the "Jumpers," or "Jumping Frenchmen," of Maine. "The August Meteors," "The Early Practice of Medicine By Women," "Methods in Industrial Education," "The Migrations of Fishes," "Domestic Motors," "Wind and Water Power," "Indigestion as a Cause of Nervous Depression," are titles of able and entertaining papers which should be read by every one. The "*The Popular Science Monthly*," is one of the most instructive and charming periodicals published in this country. It is invaluable to every student of science, and should find a place in every physician's library.

New York: D. Appleton & Co. Price $5.00 per year.

BOOKS AND PAMPHLETS

"*Physicians and Their Patients.*" A Lecture by C. H. MERRICK, M. D., Conyonville, Oregon, 1880.

"*Clinical Observations on the Radical Treatment of Fibroid Tumors of the Womb.*" By WM. GOODELL, M. D., Philadelphia. Collins, Printer, Philadelphia, 1880.

"*Kolpo-cystotomy by Electro-cautery with Remarks in Other Methods of Operating.*" By JOHN BYRNE, M. D., Brooklyn, New York. Reprint from Volume iv, *Gynecological Transactions*, 1880.

"*Staton's Gastrostomy.*" By L. L. STATON, M. D., Tarboro, N. C. Reprint from *North Carolina Medical Journal.*

What To Do First in Accidents or Poisoning. By. CHARLES W. DULLES, M. D., Philadelphia. Published by Presley Blakiston, Philadelphia, 1880, Pp. 64.

Medical Record Visiting List. WM. WOOD & Co., New York, 1881.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, DECEMBER 1, 1880.

EDITORIAL.

GROWTH OF MEDICAL SOCIETIES IN MARYLAND.— The friends of medical progress in Maryland may take courage in the fact that the various medical societies in this city, and throughout the State, have entered upon a new era of activity and growth, and are beginning to exemplify the assertion that the profession in this State is aroused to the importance of sustaining the local medical organizations in their respective communities To begin with Baltimore, the largest medical center in the State, we find four local medical societies well supported by the profession, and growing monthly in membership, in attendance and in the value of the work in which they are engaged. The total aggregate of members in these four societies will approximate three hundred. Of this number the additions during the past two years have been over 33 per cent. The increase in attendance upon meetings, and the interest manifested in the preparation of papers, presentation of cases, pathological specimens, and in general discussions has been equally marked. It may be affirmed that at no time, in the history of the profession in this city, have more encouraging signs of a general revival in medical work have been observed, nor has the profession ever been more efficiently organized or more thoroughly aroused to the importance of contributing its quota to advanced medical opinions and teachings.

The work which is now being done by the profession here, whilst not of that blatant and pronounced character which gives notoriety, is, for the most part, thoroughly practical, such in fact as will demonstrate that our medical men are careful clinical observers rather than literary pirates and theoretical declaimers. If we go beyond the corporate limits of the city, we find throughout the State the same active interest in medical organizations. In the counties of Harford, Cecil, Allegany, Queen Anne's and Kent, medical societies have been organized, and as a rule are well attended and supported by the profession in their respective localities. In the counties of Cecil and Allegany these society meetings are held monthly. In the other counties they meet less frequently. The work in which the profession is engaged in the county local societies is of decided value to their membership in that it reflects their experience in the study and treatment of diseases as are observed in rural districts and in localities in which special and unusual types of disease often occur. Again these societies are organizing an interest in scientific study; they are stimulating a zeal for the advancement of medical culture and knowledge; they are encouraging more careful clinical study, and greater system in the habit of observation and in recording the results of experience. Likewise members of the profession are brought together and learned to know each other. Better social and business relations are thus established, and their professional interests are thereby advanced.

Whilst we may speak thus encouragingly of the forces at work in the advancement of medical progress throughout the State, we do not lose sight of the fact that these forces are but slowly developing in comparison with those observed in many of our sister States. The profession in Maryland is by no means doing its full duty, and is not as a whole co-operating with the minority who diligently labor to advance the general professional good. Whilst these local medical societies have grown rapidly during the past year or two, yet up to this time they embrance but few, comparatively speaking, of the medical men in the State. They do not meet with that earnest co-operation so much to be desired. The value of these medical societies to the profession is not fully and justly appreciated. The questions arise. How can this interest be made more

general? How can the claims of the medical society be presented to the profession in their just light? How can these medical organizations be established in such of the counties as are yet without them?

The answers to these questions are not so difficult as their application and enforcement.

It is quite apparent that this work can be done, if the proper effort is made. Those members of the profession who recognize the importance and value of medical organizations should bear in mind that this cause may be increased by the zeal and interest which they may manifest. A few active and energetic men, who have this matter at heart, may do a great deal towards advancing the claims of the medical society in professional regard by individual effort in bringing in new members to these various societies, and by urging upon the profession the importance of sustaining and contributing to the interest of the society meetings. The fact that a decided impulse has been given to the growth of medical organizations throughout the State during the past two years is an evidence of what may be done if this work is pushed with zeal and purpose. Up to this time, this growth and interest have been, as it were, spontaneous, from a general recognition of the importance and value of organized medical work. Were the claims of the medical societies properly and earnestly recommended to the profession, and the proper effort made to secure co-operation, we do not doubt that every medical society in the State would double its membership within the next two years, and many new societies be organized in counties now without them. We think this subject an important one recognizing, as we do, the value of organization and co-operation as factors in the accomplishment of every purpose in life where the interests of a class are involved. We commend the subject to the profession, hoping some enterprising members of the profession will come to our rescue with well arranged plans by which the interest of medical organizations can be more fully presented to our readers.

THE MARINE HOSPITAL SERVICE.—The Annual Report of the Supervising Surgeon-General of the Marine Hospital Service of the United States, for the fiscal year 1880, shows a healthy and prosperous condition in the workings of the service. During the fiscal year ending June 30th, 1880, 24,860 seamen received relief from the service; 13,697 were treated as office-patients at the different dispensaries; 795 persons were examined physically as preliminary to shipment; 2870 pilots were examined for color-blindness. The number of patients treated shows an increase of 3,938 over the number treated during the previous year, and is more than double the number treated in 1869, the year previous to the reorganization of the service. The entire number of patients treated in 1869 was 11,356, at a total net cost of $406,089.23, whilst for the past year 24,860 patients were treated at a net cost of $402,185.49. If figures prove anything we have in the above statement a most efficient and economical management during the past year as contrasted with the condition of the service before it was placed upon its present basis. As shown by Surgeon-General Hamilton's report, the service has gradually extended its field of usefulness, and is beginning to assume its proper position as a most important branch of the public service. Hospitals under the exclusive management of medical officers belonging to the service have been established in a majority of the principal cities and stations throughout the country. In other cities, as for example, Baltimore, New Orleans, Norfolk, Galveston, Savannah and Pittsburg, hospitals have not been established, but Congress has been recommended to purchase sites and erect suitable buildings for Hospitals. In these cities the contract system is still in force.

The report urges the passage of a law requiring the compulsory physical examination of seamen of the merchant marine as a measure in the true interest of American Commerce and demands for the greater safety of the travelling public, that persons suffering from color-blindness be no longer allowed to jeopardize the lives of passengers upon our vessels. The importance of these recommendations must be apparent to every mind. Thus of the 2,870 pilots examined, 64 were found to

be color-blind, and consequently dangerous pilots at sea where a perfect color sense is of the utmost importance.

The report likewise directs attention to the necessity of making provision for such American sailors as become permanently disabled while in the Merchant Marine Service. At present such patients must either be cared for at considerable expense to the service, or else be discharged from the service, and be cared for by friends or left dependent upon county or municipal charity. Cases have come under our observation where men who have served between forty and fifty years in the service, and all that time assessed for the support of the service, who, upon technical rules, were discharged from Hospital in poor condition to again endure the hardships of the sea-faring man. A case of this character was a few months ago an inmate of the city Almshouse. If living he yet enjoys this privilege A Sailor's Home is a great need of the service, and we are pleased to see attention directed to the importance of establishing such an institution for the better care of disabled seamen than they now enjoy.

The medical corps of this service is referred to at some length. This branch of the service shows signs of great improvement. Vacancies now occurring are filled by men who have passed a successful competitive examination before a board of surgeons. These examinations are conducted more rigidly than formerly, and the applicants are subjected to such requirements as will guarantee their fitness for the position of an assistant surgeon. Congress is again requested to give a legal standing to the medical corps of the service. This report deals in other matter of importance, and taken as a whole is a fair and creditable exhibit of the growth and importance of the Marine Hospital Service and of the valuable aid it offers to our national commerce.

A society lady, noted for her levity, asked her physician how many doctors it would take to make a scholar. He replied, just as many as it would take of lovers to satisfy a coquette.

MISCELLANY.

THE SURGICAL TREATMENT OF EPISTAXIS.—Dr. Thurston writes that he has found the injection of cold water, by means of a Higginson's syringe, very serviceable in the treatment of this symptom. The water is injected into the nostril not bleeding, and allowed to flow out of the other nostril. This drives out the clots and often arrests the bleeding at once; if it should not, he injects a week solution of perchloride of iron, which is generally successful. A jet of water, thrown up in the same way, is most useful in dislodging foreign bodies from the nostril.—From *British Med. Journal.*

HOW TO ERADICATE SYPHILIS.—A woman infected with syphilis, convicted of prostitution, should be spayed, and, not to make any invidious distinction on account of sex, every syphilitic or leper, married or single, should be interdicted from sexual co-habitation, under no less penalty than the deprivation of the procreative power. Under existing law, it is optional for married syphilitics to live together or separate, but the continuance of marriage relation under such disabilities, should be regarded as a crime—*Dr. French in Chicago Med. Rev.*

AFFINITY OF GLYCERINE FOR WATER.—G. W. Kennedy states as the result of experiments which he has made, that glycerine of specific gravity 1.26, exposed to a damp atmosphere for nearly two years, increased in weight by absorption of water from the air, from 21.292 per cent. to 59.417 per cent. accordingly as it was contained in narrow-mouth vials or in wide-mouth flat jars.—*Druggist Circular.*

DUCHENNE'S DISEASE.—Dr. S. Weir Mitchell thinks it important that the mass of the profession should realize the inexorable fatality of posterior sclerosis; for while a great deal may

be done for it, nothing, in his opinion, ever effected a cure. He has only occasionally met with an arrested development, a temporary lessening of the symptoms, or, it may be, a total loss of some symptoms. He has been led to compare the progress of Du chenne's disease to that of a man who has an inevitable staircase to descend. He may linger or go back, but the descent is yet to be made, and the best he can hope for is to go down slowly and with long pauses.—*Medical Times.*

TREATMENT OF HERPES.—M. A. Fournier, in *La France Medical*, recommends, after washing the ulcerated vesicles of herpes with hypochloride of soda solution diluted with half its volume of water, that the wound be covered with cotton wool impregnated with the following powder: subnitrate of bismuth, four parts; calomel and oxide of zinc, of each, one part. If the eruption is extensive, he recommends absolute rest, the administration of baths with bran or starch, and the internal prescription of opium and bromide of potassium.—*Medical and Sur. Reporter.*

MALTINE.—Since Maltine was first given to the profession, it has rapidly grown into favor as an agent of great value in the treatment of pulmonary phthisis and other wasting diseases. According to the opinion of Prof. Ogden Doremus, of New York, it "*is nutritive to every tissue of the body, from bone to brain.*" This opinion is based upon the fact that maltine contains in a most concentrated form the most valuable and nutritient constituents of malted wheat, oats and barley, which three nutritives and digestive agents are rich in phosphates, diastase and albuminoids, and are most efficacious for constructive metamorphosis of the brain and nervous system, and of incalculable benefit in many wasting and asthenic diseases. Professional testimony goes to show that maltine increases weight and strength, by correcting functional gastric disturbance, improving digestion and promoting assimilation; that it is a most important constructive agent in pulmonary phthisis; that it is of decided value in hysteria, chorea and allied neurotic troubles where cerebro-spinal anæmia is one of the principal pathological conditions.

Maltine may be given plain or in combination with hops, with alterative, with cod liver oil, with the preparations of iron, with iron, quinine and strychnia, with the iodides and peptones, with pepsin and pancreatine, and with a number of other therapeutic agents. These various combinations make the maltine compounds a valuable addition to the medical armamentarium of the practicing physician. In view of the good opinions which have been expressed by a number of distinguished medical observers as to the value of maltine in various diseases, it is worthy of careful trial.

BULLETIN OF MEDICAL SOCIETIES.—*Baltimore Medical Association* meets Monday, December 13th, at 8 P. M. Dr. Uhler will exhibit some "Specimens of Monsters," with remarks.

At the next meeting, December 27, Dr Riggs will open the discussion.

Medical and Surgical Society meets Wednesday, December 1st, at 8.30 P. M. Dr. Scarff will read a paper on "Abortion." Dr. Evans will report a "Case of Elephantiasis in an Infant of Four Months." Dr. Erich will present a "Case of Probable Multiple Sarcoma of the Skin."

Clinical Society of Maryland meets Friday, December 3rd, at 8 P. M. Dr. Wm. Lee will read a paper on "Headaches in Early Life."

Baltimore Academy of Medicine meets Tuesday, December 6th, at 8.30 P. M. No programme of proceedings has been announced.

MEDICAL ITEMS.

A New Departure in Teaching Therapeutics has been introduced by Dr. Bartholow, at Jefferson Medical College. A laboratory has been fitted up, and the students are taught practically how to manipulate drugs and how to pursue experimental therapeutics.=Dr. Todd, of St. Louis, says that when a patient comes to him with a noise in his ear, he tells him that the noise is likely to die with him.=At the Clinical Society of Maryland the case of a man suffering from diabetes was mentioned, whose urine, every time he ate raw oysters, increased from 1013 to 1028 or 30 sp. gr. Oysters contain glycogen and a ferment, and should therefore be forbidden in diabetes.=A case of septicæmia caused by the use of Martin's rubber bandage is mentioned in the *Philadelphia Medical and Surgical Reporter*.=The number of unqualified practitioners in Illinois has decreased by 2,300 since the enactment of the Medical Law in 1877.=Hahnemann, the founder of the homœopathic school, was one day consulted by a wealthy English lord. The doctor listened patiently to the patient. He took a small phial, opened it, and held it under his lordship's nose. "Smell! well, you are cured." the lord asked, in surprise, "How much do I owe?" "A thousand francs," was the reply The lord immediately pulled out a bank note and held it under the Doctor's nose. "Smell! Well, you are paid.=The will of the late David Lord, of New York, bequeaths $50,000 each to the American Bible Society, Board of Foreign Missions of the Presbyterian Church, Society for Relief of the Ruptured and Crippled, and the American Board of Commissioners for Foreign Missions.=A Swiss local Magistrate has decided that the crime of infanticide shall be punished with death only when the victim is a child born in wedlock. Illegitimate children can be killed with impunity, so far as the influence of this magistrate is concerned.=Dr. Rutherford, of the Insane Asylum at Woodilee, Scotland, reports that, by occupying the patients fully, he has been able to carry out the open-door system of treatment. He finds that by the diminution of apparent restrictions upon liberty, greater quietness and contentment are secured, and recovery promoted.=Dr. Wilms, one of the most celebrated surgeons of Germany, died recently, from blood poisoning, consequent upon an accidental cut while performing an operation.=An aged miser, feeling unwell, but grudging to pay a doctor's fee, sees with pleasure a medical gentleman with whom he is acquainted advancing towards him on the sidewalk.

"How are you?" exclaims the doctor, meeting him.

"Well, I don't feel very well, doctor," says the miser; "in fact, I am quite out of sorts. I have no appetite, my tongue is coated, I have pains in the back and in the head," and so on.

"Hum!" says the man of science; "that's pretty bad!"

"What would you advise me to do, doctor?" says the avaricious one, artfully.

"To consult a doctor, by all means," says the doctor, walking away.=A rich man upon whom a surgeon had performed a serious operation, received from the latter a demand for an enormous sum. "You ought to have warned me," said the sufferer, "that your way of carrying on your trade is to demand your money or your life."=A doctor tells with pardonable pride how, being called in at the debut of his career to a consultation with an eminent prince of science, he had insisted, despite the opinion of his famous senior, that the patient had an incurable affection of the heart. "And what were my delight and pride," he says beamingly, "on learning three days later that my patient had gone off precisely as I had declared he would.

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THOMAS A. ASHBY, M. D., Editor.

WHOLE NO. 52. BALTIMORE, DECEMBER 15, 1880. VOL. VII, No. 16.

ORIGINAL COMMUNICATIONS.

LECTURES.

MEDICINAL ERUPTIONS.

(*Continued from last number.*)

BY I. EDMONDSON ATKINSON, M. D.,

Clinical Professor of Dermatology, University of Maryland.

(*A Course of Three Lectures Delivered During the Preliminary Term (September 27th, 28th and 29th, 1880), before the Medical Class of the University of Maryland.*)

Iodic purpuric eruptions have been observed and recorded by a number of writers. They have been mostly of insignificant character, though fatal results have been encountered. Mackenzie (*Lancet* 1, 1878, p. 832. *Med. T. and G.* 1, 1879, p. 173) has described the case of an infant five months old, syphilitic by inheritance, who, after a single dose of two and a half grains of iodide of potassium, became within a few hours purpuric, and died sixty-eight hours after taking the medicine, its face and scalp fairly covered with purpuric discoloration, and partially necrosed. Although this form of iodic eruption occurs in persons apparently perfectly healthy, it is in its severe forms, probably more often observed in broken down and cachectic subjects. Van Buren and Keyes (Genito-urinary Diseases with Syphilis, p. 159) have observed the best marked cases in connection with advanced tertiary disease, "as in giving large doses of iodide for nervous syphilis." It may be well, however, to mention that Fournier has never met with iodic purpura in cachectic subjects, his patients without exception enjoyed vigorous or at least moderate health (*Revue meusuelle de Med. et de Chir.*, No. 9, 1877. *Annales de Dermatologie*, ix, p. 238). In the largely greater number of cases the eruption occurs upon the legs in a petechial form. In Fournier's experience it is encountered most frequently upon the middle three-fifths of the legs, and is more copious upon the anterior than upon the posterior surface. It may occur upon the trunk, although, in comparison, rarely; and in a case recorded by Abbé (*Archives of Dermatology*, iv. p. 131), the forearms were very freely invaded. In this patient the eruption did not extend above the knees or elbows. It may be stated as a general rule that iodic purpura occurs upon the legs, very soon after the administration of the iodide, as miliary, pin-head sized spots of livid color, not fading to pressure, of discoid or ovoid shape, with-

out elevation and quite without subjective symptoms. When extended patches of purpura are observed, it is nearly always by the confluence of numbers of these petechiæ, not as a single ecchymotic lesion. Should the eruption be very copious œdema may be present.

In from 24 to 36 hours the eruption will usually be found to be complete, and will gradually fade as in simple purpura even though the iodide be continued; but should the dose be increased, a new crop of petechiæ will probably appear, contrasting by their vivid coloration with the faded earlier eruption.

Although purpuric maculæ may occur simultaneously with other lesions due to the ingestion of an iodic preparation, and although the iodic bullous eruptions may be complicated by a sanguinolent condition of their contents, there seem to be no grounds for considering purpura hemorrhagica as ever occurring in the course of iodic eruptions.

What the special predisposing causes of iodic purpura are it is at present impossible to say. We have seen that it is, at best, doubtful whether lowered nutrition exerts any influence in its production. Should it do so, we would expect to encounter the lesion much more frequently than we do, since multitudes of deeply cachectic individuals are subjected to the influence of the iodides. On the other hand, the fact that rare as the eruption is (Fournier's large experience only enabled him to report 15 cases), it has been known to recur three, four or more times in the same person immediately after the ingestion of even small doses of the iodide, goes to prove that some idiosyncrasy is necessary for its evolution, some peculiar intolerance of the influence of the preparations of iodine.

As to the pathological anatomy of the lesion itself, it is hardly probable that it differs at all from that of purpura simplex. Thin has endeavored to show that the iodine acts injuriously upon certain portions of the blood vessels, and thinks, indeed, that all the lesions due to the presence of iodine or iodides in the system depend upon varying degrees of changes of identical nature. Whether this view is correct or not, of course no one is at present in a condition to decide. The subject is as yet utterly obscure. It is not even settled as to the existence of iodine in the blood free (Sée) or as an iodide (Kämmerer). Pelizzari, pointing out the obscurity surrounding the various chemical combinations determining the different iodic eruptions, suggests that they are due to the union of the iodine with the albuminous compounds of the blood (*Lo Sperimentale*, 1880, p. 127). As to the nature of such changes we are absolutely in the dark, and it can serve no useful purpose to tarry longer upon this question, since one may without difficulty reinforce whatever view he may entertain, with the views of distinguished authorities. Equally difficult is it to decide upon the conditions under which the various other forms of iodic rash appear. Sex plays no part in their production; nor can age be said to exert any influence; they have been observed in infancy; in old age. Neither have well-defined systemic conditions, such as prolonged ill health, cachexia, any especial predisposing influence in their production. They have been equally encountered in those reduced by disease and those in vigorous health. That entirely incomprehensible individual susceptibility known as idiosyncrasy must be made responsible for nearly all of these eruptions. It is true that occasionally persons who take the iodides in ordinary doses and without inconvenience and for ordinary periods, when the dose has been largely increased, and taken for protracted courses, will finally display the peculiar cutaneous symptoms referred to. As this is not, however, the rule, I think that even in these cases, we may still regard the

tendency as due to a feebly pronounced idiosyncrasy.

In a large number of cases, after, perhaps violent reaction against the drug, toleration will be rapidly acquired, and one need never feel impelled to discontinue the use of so important medicaments as the iodides, until persistent trial has shown the futility of the attempt. Even very large doses will sometimes be perfectly well borne, when decided symptoms of iodism were induced by the first few doses. Some few patients will, unfortunately, never acquire toleration of the drug, and in these persons it will usually be sufficient to administer only a few small doses, sometimes even a single dose, in order to evoke, inevitably, the rash.

Apart from those instances where the symptoms have succeeded very large and long-continued use of the iodides, the amount of the dose seems to have no special influence in determining the rash. Very small quantities are sometimes sufficient. Dr. Hardaway has reported a case, where, after an intense urticaria had been caused by five grains of the iodide of potassium given thrice daily, its reappearance was provoked by the administration of even a half-grain.

As it is known that the preparations of iodine are thrown off from the system by the kidneys, producing there occasionally violent irritation, sometimes even, parenchymatous inflammation, some writers have been induced to suggest that when iodine or an iodide is administered to persons with renal disease, the drug is not eliminated as it should be, and that not only does it accumulate in the system, but that the stress of its elimination is thrown upon other organs, notably the skin, more especially through its sebaceous glands, where it produces violent irritation. Some shadow of support to such a theory has been afforded by the detection by Adamkiewicz (*Charite Annalen*, iii, 1878, p. 381), of iodine in the pus from acne pustules. (This author, indeed, believes that the excretion of iodide of potassium is participated in by all the free glands of the body) But although disease of the kidney has been present in quite a number of cases of iodic eruption, reported by Thin, Duckworth, Barlow and others, it is certain that in the larger number of such cases the kidneys remain healthy. It is important to add, nevertheless, that great circumspection should be exercised in administering the preparations of iodine to patients with advanced renal degeneration, since fatal consequences may possibly result.

It has also been asserted that persons with organic disease of the heart show some special susceptibility to iodic eruptions. There seems, however, to be reason to credit this.

Whatever form of iodic eruption may have been induced, it usually appears very soon after the ingestion of the drug. In the fatal case of Mackenzie the purpuric eruption began to appear three-quarters of an hour after the first and only dose. More commonly the eruption is observed within a day or two, but it may happen that it will develop only after the iodide has been taken for a considerable period or even not until after it has ceased to be given. This latter circumstance need occasion no surprise, since although the greater part of the remedy is eliminated within the first twenty-four hours after its administration, according to Rabuteau a notable quantity may be thrown off two, three, or even as late as forty days afterwards.

A statement has been made that iodic eruptions are more apt to supervene when the iodide has been administered in small doses; and this supposed fact has been accounted for by Farquharson (*British Medical Journal*, i, 1879, p. 267), and by Pellizari (op. cit.) and others, upon the supposition that larger doses, by a more energetic stimulation of diuresis, secure a more prompt elimination. It is not

necessary, however, to have recourse to such far-fetched explanations, since one can readily understand that those persons whose idiosyncrasies make them intolerant of iodine and the iodides, which they resent just so soon as the influence of the remedy is exerted, begin almost invariably with small doses, as does nearly every one to whom this class of drugs is administered; more energetic treatment only following the ineffectual use of the milder doses.

To properly diagnosticate the various rashes due to iodine and its preparations, less importance must be attached to the physical characters of the lesions than to the circumstances under which they are encountered. It is true that there is some tendency towards peculiar distribution even though the lesions are without specific features. Thus the erythematous rash most often affects the face, thorax and extremities; the papular rash, the face, neck, trunk and superior extremities; the bullous eruption is most often seen upon the face, neck, backs of the hands, wrists and forearms; the petechial rash, most commonly upon the middle three-fifths of the legs, anteriorly. It is very evident, however, that there is nothing characteristic in this and it is always possible to learn more from the history of the patient and by observing the course of the eruption. Usually it is not difficult to arrive at correct conclusions. It will be found, for instance, that the patient has been taking some preparation of iodine; that his eruption appeared soon after beginning its use; that he is suffering from some other symptoms of iodism; that, perhaps upon previous occasions, similar symptoms have succeeded the administration of the same remedy. Where doubt still exists the eruptions will usually speedily subside upon witholding the medicine.

It must not be supposed, however, that iodic eruptions are always easy of recognition. Indeed, it is highly probable that not unfrequently various forms of eruption, depending upon one of these preparations, fail to have their nature correctly interpreted. Jonathan Hutchinson has suggested that the various bullous eruptions are much more frequently of iodic origin than has been generally supposed. This is a point well worthy of attention, and, in doubtful cases, one should always be alive to the possibility of a similar origin to obscure eruptions.

The course followed by iodic eruptions is, for the most part, favorable; it being only necessary to suspend the offending treatment to secure the disappearance of the symptoms within a very few days. In very exceptional cases the rash may persist for weeks after the drug has been abandoned. A very few cases of fatal iodism have been reported, but we must be careful not to attach too much importance to the influence of the drug under such circumstances, since, as has been aptly pointed out by Hyde, these results have only occurred in persons already greatly reduced by organic disease.

Attempts to practice a treatment curative of these forms of eruption have not been very exhaustive, nor have they attracted much attention, since the almost unvarying tendency is towards recovery so soon as the iodide has been abandoned. How desirable would be remedies capable of overcoming the individual intolerance of iodine and iodides, can be readily understood when we consider the often vital importance of bringing the system promptly and thoroughly under their influence. Unfortunately, we possess but scanty means with which to secure this end. Arsenic indeed, appears to promise good results, though we may scarcely hope to attain the success that this remedy affords in the treatment of bromide eruptions. Nevertheless, excellent results have been reported, and in combatting the intolerance to the agents under discussion one should never fail to have recourse to its use. The liquor potassæ arsenitis in three minim doses, well

diluted, thrice daily, or the Asiatic pill of arsenious acid and black pepper may be employed with fair hope of success. Concerning the treatment of especial lesions, one must be guided by circumstances and employ such treatment as is appropriate for similar lesions of simple origin. No local specific treatment is known.

[*To be Continued.*]

ORIGINAL PAPERS.

SOME OF THE ERRORS IN THE DIAGNOSIS OF EYE DISEASES INTO WHICH GENERAL PRACTITIONERS ARE MOST APT TO FALL.

BY SAMUEL THEOBALD, M. D.

Surgeon to the Baltimore Charity Eye and Ear Dispensary; Ophthalmic and Aural Surgeon to St. Vincent's Hospital, Baltimore.

(*Read before the Clinical Society, Friday, Nov* 19.)

It is not surprising that physicians who have not devoted especial attention to the study and treatment of diseases of the eye, when called upon to undertake their management, should often be at fault in their efforts to reach a correct diagnosis, since even the most skilled specialist in this department of surgery, if deprived of his ophthalmoscope, of his case of trial glasses, and of his test types—aids which the general practitioner of medicine rarely, if ever, has at his command—would feel himself incompetent in a very considerable proportion of cases, to pass beyond the region of guesses and conjectures, and to reach a conclusion which would be more than approximation to the truth. That the physician in general practice should do better is not be expected. I trust, therefore, that the selection which I have made of a subject for discussion this evening, will not be regarded as presumptuous, and that I shall be acquitted of any intention of overstepping the bounds of good taste.

If the errors to which I would direct attention, or the consequences which result from them, were always remediable, their occurrence would be a matter of less moment, but unfortunately too often this is not the case. When an attack of glaucoma, or of iritis, unrecognized in its early stages, is allowed to run its course unchecked, the integrity of the eye commonly suffers an injury which the most consummate skill will not suffice to repair.

It will, perhaps, surprise some of those who are present, to learn that I place the two affections just named among the diseases of the eye regarding which errors of diagnosis are frequently made; and yet I am sure anyone who has had considerable experience in ophthalmic practice will justify me in doing so. Upon two occasions I have had patients brought to me almost absolutely blind from glaucoma, which had been mistaken for cataracts by the family physician. In each instance delay had been counselled, so that the cataracts might become thoroughly ripened, and in each, as a consequence of this advice, total loss of vision resulted. The cases in which glaucoma is treated as a simple inflammatory affection, until the progress of the disease has put an end to all hope of vision, are of much more frequent occurrence.

In its incipiency, glaucoma is not always easy of detection, even with the aid of the ophthalmoscope; but when fully developed its characteristics are so pronounced that its recognition is a matter of no difficulty; and to confound it with cataract is certainly inexcusable. The marked pupillary reflex from the vitreous humor, and at a later stage the clouding of the lens, may naturally suggest cat-

aract; but the occurrence of pain, which at times manifests itself in almost every case of glaucoma, and the presence of subconjunctival hyperæmia, which is rarely altogether absent, should warn us, at least, of the existence of other complications. Acute glaucoma there would of course be no likelihood of confounding with cataract.

The essential feature of every variety of glaucoma is an increase in the tension of the eyeball; and for this symptom, whoever undertakes to treat diseases of the eye should always be on the lookout. Even to those who are not especially versed in the investigation of ophthalmic affections, the recognition of considerable changes in the tension of the ball is not difficult, if the investigator will use one of his own eyes, or the healthy eye of the patient, if he have one, as a standard of comparison—the examination being made by directing the patient to look down, and simply feeling the firmness of the ball, through the upper lid, with the forefingers.

Whenever an increase of tension is ascertained to exist, glaucoma should be suspected; and when in addition pain and dimness of vision are complained of, its existence is almost established; and without delay the ophthalmoscope should be appealed to, to set at rest any remaining doubts.

The failure to recognize the presence of iritis is, I think, a more reprehensible mistake than the one of which we have spoken, although the consequences which result from it are less disastrous. The usual mistake is to confound this disease with conjunctivitis, and to treat it, therefore, by the application of astringents instead of atropia; and for this error, it seems to me, the books are in some measure to blame, because of the undue importance which they attach to the difference in the character of the injection of the eye, as a distinguishing feature, in these two affections. If in conjunctivitis only the superficial vessels were congested and the deeper ones were never involved, or if in iritis the hyperæmia of the deeper vessels never extended to those of the conjunctiva, doubtless this difference would be a point of great diagnostic value; but, as a matter of fact, this exact definition seldom obtains, and so those who trust to it for guidance are as likely as not to go wrong.

Whenever with conjunctival or subconjunctival injection pain and photophobia exist, especially in adults, the state of the iris should be carefully examined. Sometimes the swollen and muddy condition of its tissue will show us at a glance that iritis is present, but more often, especially in the early stages of the attack, we shall discover no such certain guide. Let us then first examine the mobility of the pupil. And to do this properly the patient should be placed in front of a window, with his face to the light, and one eye should be closed and covered with the hand. The eye to be examined should then be screened from the light, for a few moments, by the interposition of the hand of the examiner, and then, upon its sudden withdrawal, the action of the pupil should be carefully noted. If iritis be present, the pupil will dilate but little, if at all, during the exclusion, and so, when the hand is withdrawn, there will be but slight if any responsive contraction to the stimulus of the light; whereas, in conjunctivitis, we should find the normal activity of the pupil in nowise impaired. A definite knowledge of how the healthy iris behaves under such circumstances may be of great assistance, and to everyone is well worth the little trouble which is necessary to acquire it.

Should this test leave us in doubt as to the existence of iritis, we have two others to fall back upon, which are still more conclusive—the examination by oblique illumination and the instillation of atropine.

Doubtless it would be a most excellent thing if every physician could be an accomplished ophthalmoscopist, but to my mind this is quite impracticable, and so I do not deem it worth while to recommend it. With the use of oblique illumination, however, which simply means the examination of the structures of the eye, as far back as the anterior layers of the lens, by means of artificial light, concentrated and thrown obliquely upon the eye by a lens of two or three inches focus, it is entirely different. With this simple procedure every intelligent physician can and should familiarize himself. A room from which the light of the sun can be excluded, a candle, a lamp, or a steady burning gas light, and a biconvex lens of, say, two and a-half inches focus, are all the paraphernalia necessary; and to employ these intelligently, but very little practice is required. The great assistance which this method of examination affords in the investigation of very many conditions of the eye, can scarcely be realized by those who have not familiarized themselves with it. In searching for foreign bodies, whether lodged upon or in the cornea, the iris, the lens, or within the anterior chamber; in ascertaining the presence and character of opacities in the cornea or anterior portion of the lens; in examining corneal abscesses and ulcers; in investigating the condition of the iris and the pupil, the presence of hypopion and of anterior and posterior synechiæ; in all these conditions, and in many others which at the moment do not occur to me, the aid which we derive from oblique illumination is indeed of incalculable value.

In the disease under consideration, we shall, by this method, very often be able to discover changes in the iris tissue or turbidity of the aqueous humor which otherwise would have escaped detection, or to make out pupillary adhesions which before we had only suspected.

In regard to the instillation of atropine, the rule of whist as to tricks, when in doubt, should be our guide. If there be any uncertainty as to the presence of iritis, by all means make the application and dispel the doubt. If the iris be free from disease, no harm will have been done; but, in order that the dilatation of the pupil be not inconveniently prolonged, it would be well that the strength of the solution employed should not exceed one grain to the ounce. On the other hand, as the pupil dilates, points of adhesion between the iris and the capsule of the lens are often brought to light, which previously could not be detected; and thus the diagnosis is established beyond question, and the irreparable mischief which would have resulted from the extension and consolidation of these adhesions is averted.

As might be expected, the optical defects of the eye supply many stumbling blocks to the general practitioner—myopia, hypermetropia and astigmatism, each affords its quota. Although, nowadays, most physicians are prepared to ascribe to these anomalies of refraction *defects of vision*, which they cannot otherwise account for, comparatively few of them realize how many of the obstinate cases of weak eyes, of conjunctivitis, of blepharitis, and even of frontal headache, in which all of their usually successful remedies are tried in vain, are due to the same causes, and can be relieved only by properly selected glasses. From my note books I might cite very many cases to prove the truth of this assertion, but I will not weary you with the reiteration which such demonstration would involve. Permit me, however, in lieu thereof, to offer this suggestion: Suspect refractive errors, not only when you meet with defects of vision which otherwise are inexplicable, but whenever you encounter intractable cases, of asthenopia, of chronic conjunctivitis or blepharitis, or of frontal headache, aggravated by

the use of the eyes for near work; and when the improvement you expect does not follow the usual remedies, bear in mind that, until glasses have been tried, the armamentarium has not been exhausted.

From failure to detect the presence of foreign bodies lodged upon the external surface of the eye or beneath the lids, odd mistakes sometimes occur. Upon one occasion, a patient, who came to me with a portion of the shell of a minute seed stuck upon his cornea, where it had been lodged for several days, causing much irritation and injection of the neighboring blood-vessels, told me that, before it had been determined that he should consult a specialist, the advisability of placing him under the influence of mercury had been seriously debated by his medical attendant, who, of course, had no suspicion of the true character of the trouble; and in another instance, there fell into my hands a less fortunate patient, who, with a foreign body similarly located, had been subjected to a series of nitrate of silver applications, for the relief of his supposed ophthalmia. If the method of examining the eye by oblique illumination, of which I have spoken, was more generally understood and practised by medical men, such errors as these would be of far less frequent occurrence; although, sometimes, as in the first of the two cases mentioned, the true character of the trouble is not easily detected, even by a careful observer.

Occasionally, cases of conjunctivitis, and even keratitis, are subjected in vain to a long course of treatment, because their dependence upon nasal duct strictures and blenorrhœa of the lachrymal sac is overlooked. Of course, under such circumstances, the first thing to be done is to cure the strictured canal, and this can almost always be accomplished by the use of lachrymal probes of sufficiently large size. When obstruction of the nasal duct exists, pressure upon the lachrymal sac, with the point of the finger, will in most instances demonstrate its presence by causing regurgition of tears or of muco purulent matter through the puncta. This simple procedure, therefore, should never be neglected, when there is the slightest reason for suspecting this complication.

The confounding of catarrhal with phlyctenular or scrofulous ophthalmia, and as a consequence the use of astringents when atropia and yellow oxide of mercury are indicated, and, latterly, of atropia when astringents should be employed, is another error of not infrequent occurrence. The best way to avoid this mistake, which may lead to serious consequences, is to bear in mind, that in catarrhal ophthalmia the cornea is not involved, the redness is diffuse, and there is but little photophobia or lachrymation; whereas in scrofulous inflammation the cornea is involved more often than not, there is usually great photophobia and lachrymation, and the redess, if not literally circumscribed, is at least more pronounced in the neighborhood of the phlyctenulæ. The general condition of the patient will also be an indication for our guidance; and we should remember, moreover, that scrofulous ophthalmia rarely manifests itself in adults, except when the integrity of the eye has been impaired by the occurrence of similar attacks in childhood, whereas, to catarrhal conjunctivitis, they are perhaps more prone than children.

Possibly there may be a few other sources of error which might be mentioned in this connection, but I do not deem them of sufficient importance to justify me in trespassing longer upon your patience, and so, as a reward for your toleration thus far, I shall forbear entering upon their consideration.

SOCIETY REPORTS.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD JUNE 28, 1880.

JOHN F. MONMONIER, M. D., President, in the Chair.

EUGENE F. CORDELL, M. D., Reporting Secretary.

The Association met at the usual hour and proceeded to dispatch the customary formalities, after which *Dr. Taneyhill* exhibited three patients affected with a supposed ventral hernia, unusual distribution of varicose veins and apoplexy, respectively:

I. SUPPOSED VENTRAL HERNIA.—The patient, a German, aged 56, had served in the army, both abroad and in this country Midway between the ensiform cartilage and the umbilicus and three-fourths of an inch to the right of the median line he presented a small globular or rather hemispherical projection. He had no pain or discomfort from this other than slight symptoms of indigestion. The tumor could not be made to disappear entirely, although exhibiting variations in size. In connection with the difficulty of diagnosis, a case was quoted from an English journal, in which "an adipose tumor, situated between the peritoneum and abdominal muscles, projected through an aperture in the linea alba, through which it could be pushed back, thus completely simulating a hernia."

Dr. J. Shelton Hill expressed the opinion that it was a growth of some sort over the anterior abdominal walls and for the following reasons: It was not sensitive on pressure, it was irreducible, it was not unnaturally resonant (this not absolutely diagnostic for it might consist solely of omentum); it can be felt to move distinctly on the abdominal walls; no opening or orifice is detectible; if it were hernia—being irreducible—we would be likely to have some symptoms, which are absent here.

VARICOSE VEINS.—The patient was a white male, aged 27. The peculiarity was in the situation of the affected veins, which was on the left side of the abdomen, between the groin and the eighth rib, with a cluster over the pubic region. The disease had appeared after a severe attack of yellow fever, 17 years before.

APOPLEXY.—The patient was aged 85; the right side of his body was hemiplegic (both sensation and motion). From a condition of complete paralysis he had recovered sufficiently to get about and speak so as to be understood. The improvement seemed attributable (to some extent, at least,) to the use of iodide of potass. and subsequently strychnia. The temperature, for several weeks following the attack, was 2° higher on the well side than on that affected. The patient exhibited a well marked arcus senilis, murmurs at both orifices of the heart, and a dicrotic pulse.

Dr. Uhler remarked that an atheromatous condition of the arteries was very common in the old. Cholesterin, upon which it depends, is one of the most indissoluble substances in the whole body. Seen under the microscope, it presents the appearance of plates arranged like stair-steps. It is deposited in or near the heart, wherever any ulcerated surface exists. It forms also the ingredient of gall-stones. It cannot have been made in vain; what, then, is its use in the human organism? The speaker was inclined to the opinion that it had something to do with the white corpuscles; it perhaps prevents their destruction, giving them their white, pearly, smooth appearance—as though intended to offer resistance. Dr. U. has been using glycerine and chloral for the prevention of gall-stones with sufficient success to encourage further trials.

Dr. Ashby said that he had in his possession a specimen of a heart, in which fatal rupture of atheromatous valves took place. Attention being drawn to slight œdema in the extremities of the paralysed side in Dr. Taneyhill's case.

Dr. Neff mentioned a case in which this symptom was the last to disappear.

Dr. Hill said œdema was not uncommon at first; subsequently atrophy occurs.

Dr. J. T. Smith drew attention to the influence exerted upon the vaso-motor nerves, as exhibited in these cases by the disturbance in the circulation and nutrition of the affected parts.

LABORS WITH PECULIAR FEATURES.—*Dr. Gibbons* reported a case in which

for nearly three weeks a continual discharge of amniotic fluid took place, accompanied with regular labor pains and partial dilation of the os uteri.

Dr. Hill reported a case of delayed labor in a primipara, where the perinæum was protruding and head felt distinctly just within the vulva. There had been no discharge of fluid. The head was in the left-occipito-iliac position. The hair could not be felt. On passing the finger back into the hollow of the sacrum, the os was discovered; into this the finger entered and then appeared to penetrate another orifice, which felt like the anus of a fœtus. This created for a time some doubt as to the nature of the presentation, but on distending the os, it slipped over the head during a sudden pain and the birth took place. The explanation then of the peculiar symptoms detected in the touch, was that the mouth of the child corresponded exactly with the uterine orifice and the finger had entered deeply into the continuous canal formed by the juxtaposition of the two.

BALTIMORE MEDICAL AND SURGICAL SOCIETY.

MEETING OF NOVEMBER 10, 1880.

(*Reported for the Maryland Medical Journal*)

Dr. John J. Caldwell read the paper of the evening on "*Some of our Later Remedies*," reviewing rapidly the physiological effects and therapeutic uses of *Erythroxylon* (*coca*), *Turnera Aphrodisiaca* (*damiana*), and *Piscidia Erythrina* (*jamaica dogwood.*)

Dr Caldwell has used the erythroxylon in doses of one to two teaspoonfuls of the fluid extract (well diluted) in cases of torpid digestion with flatulence, in gastric and enteric catarrhs, in influenza, and especially in the irritable cough of consumptives, with the happiest effects. He believes it to be an important addition to our therapeutic resources in the later stages of phthisis, both from its controlling influence over the wearing cough, and from its tonic and restorative effects. He has also used it with success in dipsomania and chronic alcoholism.

Dr. Caldwell also believes coca to possess aphrodisiac effects, but in cases where such a remedy is needed he prefers to use damiana, first introduced by himself in the treatment of debilities of the genito-urinary organs several years ago. He believes it to be superior in inflammatory and other diseases of the mucous membrane of the urinary organs, to buchu, uva ursi, and similar recognized diuretics.

Several cases were related, showing the good effects of damiana in the neurasthenic condition, especially manifested by debility of the sexual organs.

Jamaica Dogwood has been used by Dr. C., in the form of the fluid extract (in the dose of 10 to 20 drops) as a safe and effectual anodyne and hypnotic. It is of especial value in neuralgia of the face and teeth. As a local application to painful, decayed and broken teeth, he has seen almost immediate relief resulting from it.

Dr. Caldwell closed his interesting and practical paper by the details of several cases illustrating the use of the galvano-faradic current in cases of suspended or depressed vital action from drowning or the ingestion of poisonous doses of opium. In suspended respiration Dr. Caldwell applies the positive electrode over the pneumogastric nerve, at the sterno-cleido mastoid muscle; and the negative over the epigastrium.

In the discussion which followed the reading of the paper, Drs. Morris, Erich and Reid took part, referring to cases in which the battery had been used with success against the toxic effects of opium and other narcotics. Dr. Morris also referred to a remedy much used in Ireland to remove sterility. He thought its mode of action was probably similar to that of damiana.

REPORT OF MEETING OF THE NATIONAL ASSOCIATION FOR THE PROTECTION OF THE INSANE AND THE PREVENTION OF INSANITY.

HELD NOVEMBER 18, 1880.

Minutes of Business Meeting of the Members of the Council, held on Thursday afternoon, November 11th, at 13 W. 29th Street, New York City.

Members present: 1, H. B. Wilson, M. D., President; 2, Miss A. A. Chevaillier, Secretary; 3, G. M. Beard, M. D.,

Treasurer; 4, Joseph Parrish, M. D.; 5, E. C. Seguin, M. D.; 6, Mrs. M. P. Jacobi, 7, J. C. Shaw, M. D.; 8, Margaret A. Cleaves, M. D.; 9, Hiram Corson, M.D.; 10, Hon. R. R. Lamburton, LL.D. Also present, Helen W. Bissell, M. D., Ass't Phys., Kalamazoo.

Letters of sympathy with the work and regret at being unavoidably absent, were received from the following Councillors: Mrs. Lockwood, Dr. Reynolds, Dr. Jewell, Dr. Allen, Dr. Corbus and Hon. J. W. Andrews.

I. Report of Secretary and Treasurer.

II. Resignation of Mrs. Lockwood on account of ill-health and inability to be an active member, though in cordial sympathy with the work of the Association.

III. Appointment of C. L. Dana, M. D., assistant editor *New York Medical Record*, 62 West 46th Street, New York City, to fill the vacancy in Council.

IV. The following resolutions were adopted:

1. *Resolved*, That Mary Putnam Jacobi, M. D., Margaret A. Cleaves, M.D., E. C. Seguin, M. D. and J. C. Shaw, M. D. be a committee to take such steps as shall be best calculated to induce medical colleges, medical journals and asylum authorities to do all in their power to diffuse a better knowledge of psychiatry among the profession, and to specially educate physicians who may desire a thorough knowledge of the subject.

2. *Resolved*, That a committee of five, the chairman of which shall be the President of our Association, be appointed by the President, to obtain facts and statistics relating to the methods and use of *restraint* and the use of *labor* in the asylums of this country.

N. B.—The Secretary has just received the list of Committee from the President, which is herewith appended: The Chairman, Dr. Wilbur; Judge Andrews, of Ohio; Dr. Reynolds, of Iowa; Dr. Corson, of Penn.; Hon. F. B. Sanborn, of Mass.

(Mr. Sanborn, in response to Secretary's inquiry, has signified his willingness to serve.)

3. *Resolved*, That a Committee of five be appointed to assist in the investigation the New York Senate Committee (said Senate Committee was appointed last winter by the New York Senate to investigate the condition of the insane and management of the State lunatic hospitals, county insane asylums, &c., and report to the next Legislature) is now making, in such manner as shall be deemed advisable.

N. B.—The President has just sent the Secretary the following list of this Committee: Dr. E. C. Seguin, Dr. H. B. Wilbur, Dr. M. P. Jacobi, Dr. George M. Beard, Miss A. A. Chevaillier.

The meeting adjourned at 6:15 P. M., in order to give time to prepare for the evening reception given to the members of the Council, at 8 P. M., in Parlor D. R., Fifth Avenue Hotel.

Letters of regret at unexpected inability to attend were received from Mr. James Sturgis, Chairman Trustees Danvers Asylum, Mass.; Dr. Cowles, Sup't McLean Asylum, Mass.; Mr. Sanborn, Mass.; Dr. Gundry, Sup't State Asylum, Md.; Mr. George William Curtis; Hon. D. B. Eaton; Dr. Skene; Col. William C Church, Mr. Allen; Thorndike Rice, Editor *North American Review;* Dr. Clonston, Sup't Morningside Asylum, Scotland, and many others.

A. A. CHEVAILLIER, Secretary.

CORRESPONDENCE.

QUINIA WITH BROMIDES.

CASE OF EPILEPSY—RECOVERY.

To the Editor of the Maryland Medical Journal:

DEAR SIR—The very opportune remarks of Dr. Landon Carter Gray, in a recent number of *The Archives of Medicine*, on the "Use of Quinia with Nervous Sedatives," have suggested the publication of the present case, as illustrative of the efficacy of this therapeutic mode.

The point on which he insists, and which I desire to emphasize, is the necessity of recognizing sthenic and asthenic states in neuropathic subjects for continued bromide treatment and of appropriate measures to counteract the depressing influence of the

remedy, superadded to its sedative effect.

"Quinia not only decreases or dispels bromism, but increases the anti-epileptic potency of the bromide."

In February, 1880, I was consulted by Mrs. A., who had suffered from epileptic attacks for ten years, having them at intervals of 5-8 weeks. It was a typical case of true epilepsy characterized by unconsciousness, biting of tongue, flexure of fingers, general convulsion producing subsequent myalgia, coma, nausea, &c. The premonitory auræ were twitching of neck and spine, and, occasionally, a sulphurous odor, in the nose. The patient, aged 41 years, was fleshy, ruddy, etc., but depressed and hysterical; had, at times, extreme symptoms of gastric irritability, which had led her friends to suspect cancer. Her general condition for the past ten or fifteen years was that of a neurasthenic invalid, and dated from the birth of her last child (a girl weighing 14 pounds) in a tedious, instrumental labor. Number of children, four. Age of youngest, 15 years. The attacks came on after the shock of nursing a relative who had been frightened into convulsions by spiritualistic mummeries.

(Menstruation was regular, but very painful, and still recurs at proper periods.—December, 1880.)

Suspecting uterine derangement, I learned through the kindness of my friend, Dr. H. P. C. Wilson, that an examination revealed a large hyperplastic uterus, retroverted and congested, causing chronic constipation and moderate leucorrhea; that, on seeing the patient, two or three years ago, he had inserted a pessary to relieve the long-neglected displacement, and had subsequently treated her for an eczema of the anus and external genitalia.

Both of these conditions, though much benefitted, persisted at the time of my taking charge of the epileptic features of the case; and, since then, have not received any special treatment.

Before commencing the bromide treatment, as the patient had just experienced a severe attack and was much depressed physically and mentally—in view of the periodicity of the spells and possible malarial complication, I selected the bromide of quinia for trial and prescribed pil No. xx, 0.13 grams each (gr.ij). One ter die. This medicine was repeated a few weeks later.

After taking the quinia for five or six days, I ordered:

℞

Sod. Bromid, 1 gram, gr. xv
Potass. Bromid, .33 " gr. v
Tr. Gentian Comp'd. āā℥j
Aquæ āā4. "

Sig.—Take half hour after meals, well diluted and double dose at bedtime.

The double dose at night was given because the attacks were nocturnal exclusively—always occurring after 12 P. M. This variety of epilepsy is notably less amenable to the bromide treatment (Ziemssen.) The treatment was kept up for 4 or 5 months, since which time, by gradual reduction, the doses have finally been restricted to the use at night. This has never been omitted, and will be continued indefinitely.

The attacks have ceased altogether! Not a sign of them since the institution of the bromide treatment. (February, 1880.)

The gastric symptoms have subsided and the uterine troubles are quiescent and undemonstrative. General health excellent. During the course Turkish baths were employed for general nervousness and as an eliminant of the bromides.

The history of heredity could be elicited, but the patient's grandfather was a "free liver" and addicted to the daily use of wines, &c.

Be it remembered then, that the use —and usefulness—of the bromides should be—and is—limited. Their

curative influence acts by allowing the nervous system to rest—a vacation, as it were. Too long a rest is injurious, and so after bromism is established the tonic powers of quinia should be invoked for a season. These remarks are especially applicable to the treatment of neurasthenia.

EDWARD M. SCHAEFFER, M. D.

P. S.—The approaching menopause justifies the belief that this recovery will be permanent.

Baltimore, December 3d, 1880.

PETROLEUM MASS.

OIL PETROLEI.

To the Editor of the Maryland Medical Journal:

DEAR SIR—The above preparation of petroleum has afforded me more gratifying results in chronic bronchitis, laryngitis, pharyngitis and obscure pains of the lungs, than anything else. The formula recommended by Dr. M. Griffith, of Irving, N. Y., is as follows:

℞

Petroleum Mass,	℥j	
Pulv. Cubebæ	}	āā℥ss
" Doveri	}	

Make 4 grain pills.

Sig.—One pill every 3 or 4 hours.

Chlorate of potash to be used in making Dover's Powders instead of sulphate of potash.

The Petroleum Mass is the condensed petroleum adhering to the casings of the wells and not the residuum of distillation. I have also alleviated many of the symptoms of consumption, such as coughs, night sweats, hectic, hemorrhages, etc.

The known property of the oil to penetrate and saturate almost anything it comes in contact with, would seem to explain its therapeutic efficiency. After taking a few of the pills it seems to spread from the stomach throughout the whole mucous track as the greasy taste is soon perceptible on the margin of the lips, and the odor perceptible in the breath.

The mass does not produce the disagreeable eructations and other nauseating symptoms of the ordinary crude oil.

The mass is a concretion of the wells and not a residuum of distillation as vaseline, cosmoline, etc., is.

M. MILTON, M. D.

Irving, N. Y., December 2d, 1880.

REVIEWS & BOOK NOTICES.

A Manual of Medical Jurisprudence. By ALFRED SWAINE TAYLOR, M. D., F. R. S. Edited with Additional Notes and References. By JOHN S. REESE, M. D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania. Henry C Lea's Son & Co. 1880.

There is no work in the English language on medical jurisprudence so well and favorably known to the profession as this book of Dr. Taylor's. It has passed through the tenth English edition and the eighth American edition is again offered by the publishers, containing the author's latest notes, made expressly for this edition, just previous to his death. It seems almost useless to speak of this book. It has so long been before the profession and has enjoyed such popularity, that we can say nothing which will in any way add to a continuance of the favor which has caused it to be regarded as a standard authority on all subjects embraced within its scope. To the medico-legal student such a book is invaluable. It is is fortunate that the work received the last finishing touch from its distinguished author. It represents the last labors of one who, during his life, was esteemed for his distinguished attainments and who has left behim this monument of his untiring labor and devotion to forensic medicine. The publishers have been fortunate in securing as editor to the American edition a gentleman so well

qualified as Dr. Reese. We observe throughout the book evidence of his supervision and suggestions looking to its adaptability to the American practice of jurisprudence.

A Practical Treatise on Surgical Diagnosis. By AMBROSE L. RANNEY, A. M., M. D., Adjunct Professor of Anatomy in the Medical Department of the University of the City of New York. Second edition, enlarged and revised. William Wood & Co., New York, 1880. Henry Fleetwood, Agent, Baltimore. Pp. 457.

The first edition of this book was published in 1879. Within a year's time this edition was exhausted and a second, enlarged and revised, is now offered. The book was written as a text-book for students and as a manual of easy reference to the practicing physician in questions of diagnosis. The arrangement of the text by presenting symptoms of diseases in opposite columns is a most handy and admirable one, and no doubt added to the popularity of the book. In this second edition, whilst many of the admirable features of the first edition have been preserved, additional matter has been added in the form of descriptive text, presenting a concise and general enumeration of the etiology and symptomatology of of some of the more important diseases.

The volume is very concise and practical and offers many advantages to those who are in search of brief statements and aids to memory on short notice.

A Treatise on Common Forms of Functional Nervous Diseaes, By B. S. PUTZEL, M. D. New York: William Wood & Co., 1880. Henry Fleetwood, Balto., Agent

This book treats of those nervous diseases which present no primary anatomical changes which are visible to the naked eye or to the microscope, hence it is limited to the study of but few diseases. In point of fact, we find the entire volume taken up in the study of chorea, epilepsy, neuralagia and peripheral paralysis. These subjects are treated at considerable length, special stress being paid to the clinical history and diagnosis of the affections. The volume belongs to Wood's Library Series.

The Brain as an Organ of Mind. By H. CHARLTON BASTIAN, A. M., M. D., F. R. S., London. D. Appleton & Co, New York, 1880. Pp. 709.

The author of this book is a materialist. The object of this volume is to prove the relations between mind and matter, the absolute dependence of one upon the other. The author regards the brain as an organ of mind as the physiologist regards the liver as an organ of secretion. It is true he does not claim that the brain secretes thought as the liver secretes bile, but he assumes that thought is the resultant of molecular changes in the brain and is dependent upon cerebral processes. He differs widely from the views of those philosophical writers who still hold metaphysical doctrines concerning mind as an entity and recognize the brain as its instrument. He is in full sympathy with those advanced thinkers who recognize in matter the potency and promise of every form of life.

The volume begins with the study of the nervous system in the lowest forms of life and traces the gradual development of nerve force and brain power through the invertebrates. The vetebrates are next considered, commencing with fishes, passing from fishes to reptiles, from reptiles to birds, and from birds to mammals. The study of the nervous system of man is traced from reflex action and unconscious cognition up to the highest functional manifestations observed in volition and thought. The volume contains a great variety of valuable

information and is a systematic and careful presentation of the subject. Whilst many of the author's views may meet with opposition from the reader, trained by former courses of study to view the mind divorced from matter, the intelligent thinker will recognize the force of the author's convictions and his thorough scientific handling of his subject. The author presents many striking facts, but by no means proves his position His book will throw much light upon mental study and will prove serviceable in breaking down some of the absurdities which have mystified metaphysical speculations. The book is well worth reading.

BOOKS AND PAMPHLETS.

Cold Pack and Massage in the Treatment of Anæmia. By Mary Putnam Jacobi, M. D. and Victoria A. White, M. D. G. P. Putnam's Sons, New York City, 1880. Pp.76.

Is Consumption Contagious and Can it be Transmitted by Means of Foods? By Herbert C. Clapp, A. M., M. D. Otis Clapp & Son, Boston, Pp. 178.

A Case of Encysted Ascites Simulating Ovarian Dropsy; Operation, Death, Autopsy. By Aug. F. Erich, M.D. Baltimore. Pp. 7.

Report of Ten Cases of Gastric Ulcer, One Case of Malignant Ulcer of the Stomach and Two Cases of Perforating Ulcer of the Jejunum. By A Van Derveer, M. D., Albany, N. Y. Burdock & Taylor, Albany. 1880. Pp. 16.

Hernia in Children, Based on a Study of Five Hundred Cases Under Personal Observation. By Edward Swansey, M. D. William Wood & Co., New York, 1880. Pp. 28.

Notes on the Management of Orthopedic Cases. By Virgil P. Gibney, M D., New York. Reprint from the *Medical Herald*, Louisville, Ky. Pp- 9.

National Sanitation. By J. C. Lé Hardy, M. D., Savannah, Ga.,1880. Pp. 6.

Incised Wound of the Elbow. By Thos. R. Wright, M. D., Augusta, Ga., 1880. Pp. 6.

Perinephritis: Fifteen Additional Cases in Children, Completing a Total of Twenty-eight. Remarks on Diagnosis and Prognosis. By V. P. Girney, M. D., New York. Reprinted from the *Chicago Medical Journal and Examiner* for January, 1880. Pp. 30.

Food for Invalids. By J. Milner Fothergill, M. D. and H C. Wood, M. D. MacMillan & Co, New York. Presley Blakiston, Philadelphia. 1880. Pp. 150.

Medical Heresies. By G. C. Smythe, A. M., M. D., Indianapolis. Presley Blakiston, Philadelphia. 1880. Pp. 218.

How Persons Afflicted with Bright's Disease Ought to Live. By J.F.Edwards, M. D. Presley Blakiston, Philadelphia. 1880.

"*Suggestion as to the Therapeutic Value of Rest in the Treatment of Laryngeal Diseases.*" By Beverley Robinson, M. D., New York. Reprint from Archives of Laryngology, September, 1880.

"*Some Practical Suggestions in the Treatment of Diphtheria.*" By R. J. Nunn, M. D., Savannah, Georgia. Reprint from *The Independent Practitioner*, September, 1880.

"*The Electric Laryngoscope.*" By B. A. Wellington Adams, M. D., Colorado Springs, Col. Reprint from *Archives of Laryngology*, September, 1880.

Ophthalmic and Otic Memoranda. By D. B. St. John Roosa, M. D. and Edward T. Ely, M. D, New York. Revised Edition. Wm. Wood & Co., New York, 1880, Pp. 296.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, DECEMBER 15, 1880.

EDITORIAL.

RESURRECTIONISTS IN BALTIMORE.—A real sensation has been created in Baltimore by the robbery of two graves in the Baltimore Cemetery. Such an occurrence so seldom happens, or at least is so seldom discovered, that the city newspapers have enjoyed a rich harvest of sensational matter and have displayed unusual energy in presenting this unfortunate affair in its most revolting aspect. Much of the matter thus given to the public has been calculated to create unnecessary alarm and anxiety among our citizens. This desecration of a private burial-ground was uncalled for and will be condemned by the entire profession. No member of the profession is in sympathy with the perpetrators of the act or would attempt to shield them from the full penalty of the law Whilst such feelings exist, there is one aspect of this case which the newspapers have not considered. Dissection of the human body is a matter of necessity and is demanded by every law of society. Dead bodies are always in demand and are articles of merchandise, subject to the same rules which effect other articles of trade to greater or less extent. So long as the demand exists the supply will come. If these bodies cannot be obtained through the usual channels, tactily licensed by the law, just such repetitions will occur as we have recently witnessed. To attempt to correct such abuses by prejudicing the public mind, or by legislation, will only induce more frequent desecrations and utterly fail to accomplish the object aimed at. Such interference has been made in other large cities only to be abandoned for a more liberal policy in reference to such material. In every large city there is an abundance of material to be secured, without shocking the public mind, if the civil authorities will regulate its disposition by well-guarded requirements. Grave-robberies have been and will be rare occurrences. That such acts of vandalism do now and then occur is no argument against the right to dissect, and to refer such questions to the public is as unwise as it is impolitic. Men daily insult the living by far worse theft and more avaricious crime than body-snatching. The law takes proper notice of such occurrences. It is eminently proper that parties engaged in the desecration of the Baltimore Cemetery should be punished as the law provides. We wish to protest against the sensational trash and idle nonsense upon which the public has been fed by several of the newspapers of Baltimore.

THE HABIT OF OBSERVATION.—It has been related of Agassiz that the prominent, if not the principal, characteristic of his mind was the power of observation He has been called the prince of observers. He exercised not only eyesight, but insight and every faculty of his mind to discover the nature of the object under examination. It was this great power of observation which made him a leader among scientists and which conferred upon his labor its great value to the scientific world. Agassiz undoubtedly enjoyed great natural gifts, but this power of observation developed under cultivation and habit. This faculty, so fully developed in his own mind, he took great pride, as a teacher of science, in developing in others He attached the greatest importance to the habit of observation and once remarked: "I have educated five observers, one of them, to be sure, has turned out to be my deadliest personal enemy; but I still affirm that he is a good observer, and that is the best compliment I could pay him were he my dearest friend." In his judgment, the lack of the faculty of observation incapacitated one, not merely from following scientific pursuits, but from expressing an opinion of the value of scientific questions. But Agassiz pos-

sessed independent of the power of observation the gift of organization. He arranged vast collections, established schools of science, conducted exploring expeditions, educated pupils, lectured and wrote with a masterly activity of mind. His habits of observing and organizing were greatly developed by love and zeal for science. His mind was ennobled and enriched by the accumulations of knowledge obtained from sources beyond the reach of the casual observer. Agassiz was not only a scientist; he was a man of large humanity, a genial, accomplished companion and friend in full sympathy with those in search of knowledge and eager to discipline minds immature and untaught. His emotions were as warm as his mind was active. Agassiz's character and works make him a high ideal for the student of science to keep in view in forming habits of study. His example is well worthy of imitation. This great interpreter of nature acknowledged his success in life to the habit of observation, This faculty enabled him to explore fields of research into which but few men had entered. In no department of science has more been accomplished by the observer than in medicine. Medical science is based upon the results of observation. It is the outgrowth of investigation and research. In the present, no less than in the past, medicine must look to the observer for the further development of her field of usefulness, for the extension of her bounds of knowledge. Her gains in the past are small in comparison with that large territory as yet unexplored by the observer. In physiology, pathology, ætiology and therapeutics the knowledge of to-day is but rudimentary and much of it may pass away for new principles and new doctrines. Old ideas and principles are daily giving place to new. We witness in one generation a revolution in every department in medical teaching. In this whirl and commotion of ideas the habit of careful observation cannot be too much insisted upon. Men should be taught to employ every faculty of mind to discover the nature of an object under examination. In medicine we too often observe a departure from this principle. Medical men do not always observe, in the true meaning of this word. They arrive at conclusions, accept statements and present principles which do not give evidence of one solid, sound thought, of the slightest reflection. This trash is oftentimes given to the profession with the confidence and assurance of having been secured by most careful methods of inquiry and labored study. Such generalizations, such carelessness and imbecility in seeking truth must greatly retard the progress of exact science. The activity the professional mind may mean well, but let it be directed by the habit of correct observation. The student who enters medicine with this habit impressed upon him enjoys rare opportunities for advancement in scientific knowledge. Institutions of learning provided with chemical and physiological laboratories, hospitals with every facility for clinical and pathological study, are open to all who desire to pursue lines of research in any department of science. This was not the case formerly. Men made opportunities and attained results unaided by such advantages. The world has never been so rich in opportunities, or the field so inviting, as at present. With instruments of precision as aids to lines of investigation the doors of nature have been knocked ajar to admit of clearer insight into her laws and workings. Men who enter through the doorway may reap grand results and become benefactors of science.

A Thoughtful Suggestion.—The late Benjamin Cartwright, a benevolent and wealthy citizen of Newark, N. J., bequeathed to the Alumni Association of the College of Physicians and Surgeons of New York, the sum of ten thousand dollars, a portion of the income from which is to be devoted to a biennial prize of five hundred dollars, open to the profession, to be awarded to the best essay, involving original research, upon a subject duly announced by a committee for the purpose; while the remainder is to pay the expenses of an annual course of lectures, before the Association and the profession at large, by some medical man of distinguished ability. The first three of these lectures have been given by Professor Roberts Bartholow, of Philadelphia. It is stated upon the author-

ity of the *Medical Gazette* that the establishment of the Cartwright Lectureship is due not only to the munificence of the late Benjamin Cartwright, but also to the forethought and intelligent counsel of his family physician, Dr. A. N. Dougherty, of Newark, N. J., at whose suggestion the money was bequeathed for the above named purposes. The *Gazette* very properly remarks: "We cannot commend too highly the example Dr. Dougherty has set his professional brethren in using his influence as medical adviser in counseling a patient of wealth to make such a disposition of his means as would conduce to the development and spread of medical knowledge."

In every large city there are men of wealth who,no doubt,could be induced to follow the example of Mr. Cartwright in the disposition of their property, if they were counseled by their family physician Medical men enjoy exceptional advantages in their relations with patients to prompt them to make endowments for scientific purposes We believe such claims should be presented to men of wealth and their attention directed to the benefits which will result from the disposition of funds set apart for original investigation and higher medical education.

The clergy are ever ready to take advantage of their relations with men of wealth to present the claims of religion. We think none the less of them for this, but rather applaud their action. Why should not the physician with equal confidence present the claims of science as offering the widest field for the advancement of philanthropy and learning? Several instances have come under our knowledge where wealthy men were greatly exercised as to the proper distribution of their wealth. They were approached by the clergy and laity in behalf of special objects of charity and religion. There were no suggestions from the medical attendants as to the claims of medical science upon their munificence. In Baltimore there are men of large wealth who could be approached by their family physician with every hope of a liberal response to any reasonable demand upon them. We greatly need in our city larger educational advantages in the way of lectures, libraries and dispensaries. Will not some of our readers imitate the worthy example of Dr. Dougherty, and present the claims of such institutions to their wealthy patients?

A NOTICE TO THE PROFESSION OF BALTIMORE.—Dr. John R. Quinan, of this city, is engaged in preparing a catalogue of the literature contributed by the medical profession of Baltimore during the past 150 years. He requests that members of the profession will furnish him with a list of such contributions as they may have made, giving date, title and number of pages. This information should be addressed to the Doctor's residence, 680 West Fayette Street, or to the Medical Library, 122 West Fayette Street.

MISCELLANY.

THE POPULATION OF THE EARTH.—Boehm and Wagner calculate and show the population of the world to be very near fourteen hundred and fifty-six millions of people, and nearly seventeen millions more than it was at the time of the last issue of their publication, nineteen months ago. It seems rather startling at first sight to hear that the population of the earth is increasing at the rate of nearly a million persons per month; but a little consideration shows that this is quite possible, since the rate of increase of population in most countries, of which we have trustworthy statistics, exceeds one per cent. per annum. Asia is said to contain considerably more than half the population of the globe, or eight hundred and thirty-five millions; Europe, three hundred and sixteen millions; Africa,two hundred and six millions; America, ninety-five millions; Australia and Polynesia, four millions. Bearing in mind the different areas of the continents, it is evident that America will long be able to absorb, to the advantage of itself and of all other nations, the surplus population of the world, even if it should exceed twelve millions per annum.

Quinine Exanthem.—Denk gives the details of an interesting case of quinine eruption, in which an erythematous and vesicular eruption followed upon the administration of 0 1 gram of that drug. Considerable œdema of the lids was also present. For several days there was slight constitutional disturbance, with feeling of tension of the skin, but no burning or pruritis. The eruption disappeared by drawing up of the vesicles, and desquamation of the cuticle. The desquamation occurred in small scales and in large lamellæ. After an intermission of eight days the quinine was again administered, which resulted also in the production of a uniform scarlet rash, but this time no vesicles were observed. Morrow has collected sixty cases of quinine exanthem, thirty-eight of them were erythematous, twelve urticarial, two vesicular and five purpuric in character.—*Wiener Med. Woch. St. Louis Courier of Medicine.*

Remarkable Tolerance of Opium.—A case of diffuse puerperal peritonitis is reported by Dr. F. M. Welles, of New York, in which morphia was given for the first time on May 1st (one-fourth of a grain), and increased daily till on May 10th fifty-seven and a half grains were administered. The dose was then gradually decreased. Patient recovered.—*American Journal of Obstetrics.*

Benzol in Whooping Cough.—Dr. John Lowe writes to the *Lancet* (American edition for July) that for ten or twelve years he has used benzol as a remedy for pertussis, and that he has not found it to be of service until the acute stage has passed. After the first fortnight he gives the following: Benzol, two to ten minims; tincture of hyoscyamus; compound tincture of chloroform to suit each case; mucilage of gum acacia, and water, in sufficient quantity. The benzol should be pure, although, barring the unpleasant oder, he has not found the less pure variety less efficacious.—*New Remedies.*

Ipecac Treatment of Jaundice.—Dr. Cook, of Bombay, has obtained good results from large doses (twenty to forty-five grains) of ipecacuanha, where small doses had been used without effect. In the ordinary so-called catarrhal jaundice it acts as a specific, and also in one or two cases of hematogenous jaundice, good results were obtained by its administration. In a child, three years of age, twenty grains were given by enema.—*Practitioner.*

Ergot in Asthma.—Dr. H. H. McClannahan, of Fort Belknap, Montana, reports in the *College and Clinical Record*, two cases of spasmodic asthma cured by half dram doses of fluid extract of ergot given thrice daily for some weeks. That these doses thus protracted did not derange the stomach is remarkable, according to our experience with this drug in other affections.

Castor Oil.—A palatable and agreeable method of taking castor oil is suggested by the *Boston Med. and Surg. Journal*, viz., make an emulsion containing castor oil, ℥j; tinct. cardamon comp., ℥iv; ol. gaitheriæ, gtt. iv.; pulv. acaciæ et pulv. sacch. alb., aa ℥ij; aq–cinnamon q s ℥iv

A German method especially agreeable to children, is to make the confection of castor oil into a paste, with either about three parts of coarse granulated sugar or two parts of comp. liquorice powder, and flavored with powdered cinnamon or grated lemon peel.

Almost a Fight.—M. Guerin addressed M. Pasteur, at the Academy of Medicine, Paris, in these terms, "You are a liar, sir, and I will send you my seconds." M. Pasteur, who is fifty-nine, is almost completely paralyzed on the left side, and M. Guerin is an octogenarian. Friends interfered and no gore was spilt.

Milk and Typhoid Fever.—It is said that the typhoid fever epidemic in Rochdale is increasing, the milk supply in all cases being the same. An examination has been made, and in a small cottage on the farm was found a family of nine persons, with two lodgers, suffering from severe typhoid fever. All kinds of refuse has been thrown upon the ground, and the water which the cattle drunk thus become poisoned.—*British Med. Journal.*

Case of Resuscitation After Two Hours and Twenty Minutes.—On September 12, 1877, I was called to a lady in labour in South Kensington, and found that her child had been born nearly an hour. Though there were two married women in the room the child had been allowed to turn on its face and so became asphyxiated. I found a slight flutter at the heart, which ceased in a few minutes. The child was partially wrapped in flannel and placed in front of the fire, whilst I adopted Dr. Silvester's method for suspended animation. After a little more than an hour it gave a catching kind of sod. I persevered, and at the end of two hours and twenty minutes the child breathed perfectly, and has grown to be a fine, healthy child.—R. J. Maitland Coffin, F. R. C. P., Edin.—*Brit. Med. Journal.*

The Best Position for Women in Labour.—An exhaustive paper on this subject, by Dr. George J. Engelman, of St. Louis, is reported in the proceedings of the American Gynecological Association. Among other historical facts the doctor tells us that "only in Siam are women kept in recumbent positions, flat on the back, the rarest of all positions during labour." The author concludes "that the fully recumbent position on the back is inimical to safe and rapid labour." He believes we should advise that in the early stages of labour the woman should be permitted to follow her own instinct with reference to position, and even in the last stages of labour she might be allowed to do the same, except perhaps with reference to some general directions, and for these he would say the semi-recumbent position in bed was the one best adapted to give her the greatest assistance.—*American Journal of Obstet.*

The Apostate's Creed.—The following very clever hit at the scientific unbelief of the day, written by Mr. A. Bierbower, of this city, appears in the late issue of the *New York Independent*:

"I believe in a chaotic nebula, self-existent, evolver of heaven and earth, and in the differentiation of the original homogeneous mass, its first begotten product, which was self-formed into separate worlds, divided into land and water, self-organized into plants and animals, reproduced into like species, further developed into higher orders, and ultimately refined, rationalized and perfected in man. He descended from the monkey, ascended to the philosopher, and sitteth down in the rights and customs of civilization under the laws of a developing sociology. From thence he shall come again, by the disintegration of the heterogenized cosmos back to the original homogeneousness of chaos.

I believe in the wholly impersonal absolute, the wholly uncatholic church, the disunion of the saints, the survival of the fittest, the persistence of force, the dispersion of the body and in death everlasting."—*Cin. Lancet and Clinic.*

Long Continued Lactation; Its Effects Upon the Ovaries and Uterus.—Dr. W. J. Sinclair, in the *Medical Times and Gazette*, reports observations which tend to establish the following: (1) Lactation tends to prevent conception by its influence on the ovaries in retarding their return to the state in which ovulation

is perfect. (2) After weaning, the evolution of the ovaries becomes more rapid than it is during any period of lactation. (3) After long continued lactation, its sudden cessation is apt to be followed by a rapid evolution of the ovaries and uterus, giving rise to symptoms of ovarian and uterine hyperæmia. Long continued lactation may cause superinvolution of the ovaries and uterus, resulting under favorable circumstances, in complete or partial prolapse of the uterus. —*Detroit Lancet.*

Treatment of Exophthalmic Goitre by Dubosia.—M. Du Jardin—Beaumetz—has substituted hypodermic injections of dubosia for those of atropia in the treatment of exophthalmic goitre. In the two cases in which he has used this remedy he has obtained a great diminution of the palpitations and pulsations.

He noted further, a ready accumulation of the effects,though he injected but small quantities of dubosia, a quarter of a milligramme, or at most, but a half of a milligramme. In a few days undoubted signs of poisoning appeared analagous to those produced by belladonna.—*La France Medicale.*

The Duration of Pregnancy, as estimated by Dr. George J. Engelman from the histories of six cases in which the date of fruitful coition was known, varied from 242 to 280 days, the average length being 264.6 days.—*Courier of Medicine.*

The treatment of brain symptoms in typhoid fever, adopted by Dr. G. P. Atkinson, is to apply a blister to the epigastrium. This, he has found, almost always to quiet the delirium and relieve the patient.—*British Med. Journal.*

Test for Arsenic.—The following test is of easy application, and is specially applicable for paper hangings or suspected fabrics. Immerse the suspected paper in strong ammonia, upon a white plate or saucer; then drop a crystal of nitrate of silver into the blue liquid, and if any arsenic be present the crystal will become coated with yellow arseniate of silver, which will disappear on stirring.—*Practitioner.*

Irritable Bladder.—Many cases of irritable bladder, not dependent upon phosphatic deposit, may be relieved by the free use, internally, of benzoic acid. The following formula has been used many times with success in cases where direct pressure by an enlarged uterus or a general pelvic congestion alone suggested the cause :

℞ Acidi Benzoici, ʒii
Sodæ Biborat, ʒiij
Aq. Cinnamoni, ʒiv

M. Sig.—A tablespoonful every two hours till relief.—*Medical Review.*

Double Gestation.—Dr. J. P. Murphy, in the *Obstet. Gazette*, reports the following: "A young married woman had one child four years previously, the last pregnancy was attended with no unusual symptoms except some œdema of the legs. Labor came on regularly, and a child was born weighing about four pounds. It was very weak and evidently not more than eight months old. About twenty minutes after its delivery a four months' fœtus was delivered. There was a separate placenta to each fœtus. The patient made a good recovery. Twins had run in the family."

The Malarial Mania. — There is no doubt that there is a great deal of malarial poisoning to be found throughout the country, but that the numbers affected are greatly over estimated does not admit of a doubt. The frequency with which the diagnosis of malarial element, in almost all diseases, is made by some practitioners, is being noticed by the public, and is not unfrequently an object of ridicule. The knowing patient in a malarious district does not really need

to seek the advice of his physician, but can take his quinine by wholesale, and and buy it in quantity as he would an article of diet. It would seem that the practice of medicine is by many being narrowed down to one diagnosis and one system of therapeutics.—*Medical Record*,

Cure for Vomiting of Pregnancy.—Dilatation of the cervical canal for the vomiting of pregnancy is now regarded not only an efficient means of treatment, but reasonably safe. The dilatation should not, however, be carried to the interior of the uterine cavity, but should rather be confined to the lower portion of the constricted part of the cervical canal, and even here need not be extensive. It may be accomplished with the index finger, which should be gently carried through the external os with the rotating movement, until one-half of the first phalanx has been introduced. This may be easily accomplished with the multipara, but with the primipara it will generally be necessary to enlarge the os by previous dilatation, until room enough has been gained to admit the finger. The statistics of this method of treatment are not sufficiently large to warrant us in saying that it is wholly unattended with danger of abortion, but from records of several cases, since 1875, it may be said that it is a safe and sure remedy. It was discovered by Copeman in 1875 when he dilated for the purpose of producing an abortion for the relief of vomiting, and instead of causing the abortion he cured the vomiting.—*Chicago Med. Gazette.*

Poisoning by Iodoform.—Not much is at present known of the toxic effects of iodoform, and considerable interest therefore attaches to two cases which have been published by Oberlander. The maximum dose given was 0.8 gram (12½ grains) in a pill. The symptoms of poisoning occurred in one case (a woman twenty-six years of age) after forty-two grams of iodoform had been taken in eighty days; in the other case (a woman sixty-nine years of age) after five grams had been taken in the course of seven days. The symptoms produced were giddiness, vomiting and deep sleep, from which the patient could be roused with difficulty. This somnolence was interrupted by periods of excitement, each lasting several hours, and was followed by delirium, intense headache, sense of impending death, spasmodic contractions of the facial muscles, and in the case of the younger patient diplopia. The functions of the other sensory organs were not disturbed and the pupils presented a normal reaction. Deep inspirations alternated with apnœa of about a minute's duration. After five or six days the toxic symptoms gradually lessened and passed away. *Lancet.*

Methods of Vaccination, Proper and Improper.—The Committee on Hygiene in the Medical Society of the County of Kings (Proceedings of Society, October, 1880) concludes an excellent discussion of the above subject as follows: (1) Vaccinate only with pure virus—animal or humanized—every child, when possible, before five months of age. (2) The value of vaccination is lessened by lapse of time, so that revaccination is necessary between the tenth and fifteenth year. (3) It is wisdom to vaccinate before an epidemic occurs, before the public are excited and when virus can be readily obtained. (4) Children should not be vaccinated during an eruption of teeth, the prevalence of an epidemic of diphtheria, in the hot weather if it can be avoided, or when there is any skin eruption. (5) The causes of "spurious vaccination in the Confederate army," as investigated by Professor Jos. Jones, are interesting in this connection, viz: 1, Lowered vitality, scorbutic condition; 2, From normal lymph, from persons previously vaccinated or having eruptive diseases; 3, Scabs or

lymph undergoing decomposition, long carried about the person; 4, Mixing vaccine virus with that of variola, as in persons having varioloid; 5, Virus from persons having erysipelas, pyæmia, gangrene and suppurating wounds; 6, lymph scales, etc., from persons suffering from syphilis.—*Detroit Lancet.*

THE TELEPHONE AS A CAUSE OF AURAL AND NERVOUS DISEASES.—A reporter of the *New York World* has been interviewing eminent specialists in nervous and aural diseases as to the effect which the use of the telephone has upon the human organism. One specialist reported that he had then a telephone operator under treatment for certain nervous disturbances which he thought might have been brought on by the instrument upon which the patient was employed. Another said that, as every new invention produced a new disease, something might be expected from the telephone, though it was as yet too soon to say what the particular trouble would be. On the whole, pathologists may look hopefully to the telephone for the production eventually of some new phenomena. —*Med. Record.*

NEW TEST FOR TRICHINÆ.—The *British Medical Journal* attributes the following ingenious method of research to a Holstein peasant. Being uninstructed in microscopical research, and not possessing an instrument, he devised this new test for trichinæ: When he killed a pig he sent a portion of it to his pastor, and then waited for the consequences fourteen days. If the pastor remained healthy he felt assured that the pig was sound and proceeded to use in his own family. We would not commend the above test. It is claimed that there are 4,000,000 trichinous hogs in this country. The necessity of public supervision of this industry is urgently needed. Competent inspectors should be appointed and dealers required to furnish a certificate of the soundness of the meat offered for sale. —*Medical Herald.*

FORMULA IN GONORRHŒA.—Dr. H. L. Snow publishes in the *British Medical Journal*, April 17, 1880, the following formula, which in his hands has proved of great service and which is not particularly unpalatable:

℞ Ol. copaibæ,
Ol. cubebæ, aa ℥ij
Liquor potassæ, ℥iiiss
Tinct. aurantii, ℥iij
Syrupi simplicis, ℥ij
Aq. menth. pip. q.s. ad ℥viij M.

Sig.—Two tablespoonfuls 3 times daily.

As an injection he regards liquor potassæ permanganitis (℥iij ad aquæ ℥vj) as by far the best injection, and it has the advantage of being serviceable all through the acute stage of gonorrhœa. It should be used very frequently, and subsequently a little zinc sulphate may be added with benefit.—*Canada Medical Record.*

MEDICAL ITEMS.

THE midwives in Cincinnati deliver seventy per cent of the labor cases that occur in that city: They are said to be generally ignorant and uneducated=The Philadelphia County Medical Society has had a bill drafted for the purpose of making communications made to a physician in his professional capacity, "privileged." This bill will be presented to the legislature at its coming session. A similar bill presented to the legislature of Maryland failed to become a law=Over six thousand homœopathic physicians are registered in the United States. Of this number nearly one thousand practice in the State of New York; between six and seven hundred in all New England; Boston has less than one hundred; Baltimore less than fifty. It is said that in Great Britain and Ireland there are not two genuine homœopaths altogether=Nearly 2,500 medical men have registered in New

York City and over 700 in Brooklyn. The proportion of physicians to inhabitants is in New York about 1 to 480 and in Brooklyn 1 to 785 =The schools of Louisville are reported as in a very prosperous condition. The loss in attendance by the rise of fees amounts to about twenty per cent=Dr. Edouard Seguin, the elder, the distinguished writer and specialist in idiocy and allied nervous disorders, died in New York City on the 28th October, aged sixty-nine=Dr. J. Collins Warren will retire from the editorial chair of the *Boston Medical Journal*, and will be succeeded by Dr. Shattuck. Dr. Warren has edited this journal with great skill and ability=M. Ricord has lately been suffering from the clumsy operation of a "corn" doctor. The operator's instrument penetrated the subjacent articulation, and at one time it was feared that amputation of the toe would be necessary. *La France Medicale* is surprised at the imprudence of the great physician, who, it thinks, ought to know the great danger of selecting an unqualified party to look after one's extremities=Would you rid yourself of a bothersome patient? Send him your bill=The patient who pays a physician is exacting only, the one that does not is a despot=The physician who waits for his fees, trusting to the spontaneous gratitude of his patients, resembles the traveler who waited for the river to stop running so that he could cross=The *Union Medicale* gives the history of one Guillaume Granie, who died in prison in Toulouse after fasting sixty-three days =When we reflect on the stupid credulity of men in relation to medicine, we ought not to be so much astonished that there are so many charlatans as at the fact that there are still so many honest people among the doctors=One of the most ludicrous typographical errors lately reported was from the substitution of a "d" for the final "l" in chill. A gentleman on making a trip East left his wife in her usual good health, and was surprised in a few days at the receipt of a telegram announcing her serious illness. He telegraphed the family doctor for particulars and received the following in reply: "Mrs. B has had a child. If we can prevent her from having another to-day she will do well."=Boerhave was born in 1668 and died in 1738, having lectured on the Institutes of Medicine from 1701 onwards, and been elected to the chair of Medicine and Botany, at Leyden, in 1709. Cullen began to lecture on the Practice of Physic, in Glasgow, in 1751, and died in Edinburg in 1790. His First Lines of the Practice of Physic was published in Edinburg in 1787=The taste of chloral is very disagreeable to many. It is said to be disguised by administering it in syrup of gooseberries, with the addition of a drop of chloroform to each grain of chloral =From five to six millions of leeches, costing a million and a half of francs, were raised in France during the eight years ending in 1836. One hundred and eighty-seven thousand pounds of blood were drawn annually during this same period=Dr. Robert Barnes has, it is said, resigned his appointment at St. George's Hospital as obstetric physician. He is occupied in preparing a manual of midwifery jointly with his son, Dr. Fancourt Barnes, a rising gynecologist =The frequency of chloroform deaths in England is leading to a revolution in favor of ether. In one medical journal alone seven deaths have been recorded from chloroform during the last nine weeks, and professional feeling is becoming very strong in demanding that nothing but ether be used. The English surgeons begin to recognize that ether is safer than chloroform, at which our Boston friends rejoice.

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ORIGINAL COMMUNICATIONS.

LECTURES.

MEDICINAL ERUPTIONS.

(*Continued from last number*)

BY I. EDMONDSON ATKINSON, M. D.

Clinical Professor of Dermatology, University of Maryland.

LECTURE 2—BROMIC ERUPTIONS.

(*A Course of Three Lectures Delivered During the Preliminary Term (September 27th, 28th and 29th, 1880), before the Medical Class of the University of Maryland.*)

While cutaneous eruptions may follow the ingestion of the bromides of sodium, ammonium, etc., those due to the use of the bromide of potassium are best known to the medical man. They are, essentially, identical in nature; but the use of the latter drug is so immeasurably more general than that of the other preparations that it is to it that we are accustomed to attribute bromide eruptions These are much more frequent and are better understood than those from the iodides. Idiosyncracy, likewise, plays an important part in their evolution, but to an extent decidedly less than in the case of eruptions from the last named compounds; for while persons are occasionally encountered whose skins resent even small doses of the bromide, it is most often the case that that those become subject to the rash most often, who have for lengthened periods and in excessive doses, taken the remedy. Clark and Amory (*Boston Medical Journal*,) placed the proportion of individuals, who, taking bromide of potassium for protracted intervals, betray cutaneous eruptions, as the result thereof, as equal to two-thirds of the whole number. Such results must be due, not so much to idiosyncrasy, as in the case of the iodide eruptions, but to a pretty constant influence exerted by the presence in the system, for lengthy periods, of large quantities of the bromide, a drug, that, as we shall presently see, is, in part at least, exerted through the cutaneous glands. Let it not be understood, however, that other evidences of the pathogenetic action of the bromides than those appearing upon the skin are unknown. Indeed, just as we have the train of morbid phenomena known as iodism so we may have resulting from ingestion of bromides, various

symptoms known as bromism and betraying peculiar lesions.

As I contented myself with a brief enumeration of the symptoms of iodism, so in the present instance will I merely summarise the character of bromism and proceed to consider the cutaneous eruptions known to follow the ingestion of this drug.

When bromide of potassium has been taken in sufficient quantity its injurious effects become manifested by various symptoms on the part of the nervous system, such as mental weakness, failure of memory, great depression of spirits, impairment of sensibility. The sexual function is in abeyance and an intense fetor of the breath is developed Other symptoms may arise and he who desires to more intimately acquaint himself with the phenomena is referred to the graphie description of Prof. Edw. H. Clarke, of the extent to which bromism may proceed.

Eruptions upon the skin may occur as epiphenomena of bromism or they may appear as the sole evidence of the unlooked for action of the bromide.

Whatever doubt there may be as to the most frequent anatomical seat of the iodic rashes, there can be no question that the very great majority of bromide rashes are situated in and about the cutaneous glands. Thus we may have papular, vesicular and pustular inflammations of these glands and even the development of furuncles from them with subsequent ulcerations. As more seldom, but associated lesions we may likewise have erythema, papules, urticarial wheals, occurring independently of the glands.

For the sake of convenience I will speak first of the erythematous bromic rash, leaving tke more common, and, indeed, more complex glandular inflammations for subsequent discussion. This erythema may occur as a diffused, bright red, rose red, dusky or coppery rash, or in patches equal in size to a split pea or finger nail. Veiel speaks of it as occurring peferably upon the lower extremities,as a diffused erythema, painful and accompanied by fever (Vierteljahr f. Dermatol. u. Syph. i, 1874, 27). It may occur upon any part of the body, (Duhring, *Med. and Surg. Reporter*, vol. 39, p. 466), but is most apt to be accompanied by other and more striking symptoms. Associated with flat papules, Duhring has seen it perfectly simulating the maculo-papular syphiloderm. The dark coppery color this eruption sometimes assumes may certainly suggest a similitude to syphilitic lesions. It may however assume other hues, as we have seen, a lighter tawny color (Duhring) or a bright pink. It may appear in patches, upon whose surface the patulous orifices of the glands are visible. At any rate, it is a rare eruption, and there is but little literature bearing upon it. I think it may safely be said that, occasionally, at least, it is but a small degree of inflammation in a process that later shows greater complexity.

So with the papular bromic rash, it is most often observed as a stage of bromic acne and as such is constanly associated with the pustules and papulo and tuberculo-pustules identical with acne simplex and acne indurata; broad, flat papules, with this difference, however, which they have in common with all the other bromide eruptions of this class, viz : that while occurring preferably upon the face, neck, breast and shoulders, as is the case with ordinary acne, these are prone to appear in other parts, such as the extremities, as well. It will be more convenient, however, to defer the consideration of this form of papular lesion until I come to speak of bromide acne, of which it is a part, and to make here the simple statement that a papular rash, apparently not especially involving the follicles has been described as

a result of the ingestion of the bromides. It must be very rare.

A condition exactly similar, in all recognizable characteristics, to erythema nodosum has been observed by Voisin, Veiel and others, and is probably identical with the similar eruptions described among iodic rashes. According to Voisin (*Gazette des Hospitaux*, 1868 No. 152), this eruption is similar in color, shape, size, in indurated base, to erythema nodosum, and Veiel reports as of occasional occurrence, an eruption exactly similar to erythema nodosum, limited to the inferior extremities. Its origin was revealed by its persisting so long as the bromide was administered and by its rapid disappearance upon the abandonment of that drug (Viertelj. f. Derm. u. Syphilis. 1872, p. 27). This eruption is probably more frequent than is generally supposed. Urticaria is said, also, to have been observed as a bromide eruption. (Voisin, loc. cit.)

By far the most important, because most common, bromic rashes are those in which the sebaceous and hair follicles are implicated, and indeed, in these inflammations, there seems to be at times a process that might almost be considered pathognomonic. Bromic acne has been observed by nearly every one, and it is probable that most patients who have been subjected to the influence of bromide of potassium, or any other bromide for a length of time, have suffered more or less from this eruption. Reference to it is frequently made by medical writers, and it has received especial attention at the hands of Voisin, Veiel, Neumann and others. The usual situations of bromic acne are the scalp, face, neck, shoulders and breast, but it is frequently seen upon other parts and may occupy nearly the whole surface. It may appear as small hyperaemic patches, or as papules through which small hairs may be seen to penetrate, or as pustules, simple, or situated upon papules or papulo tubercles. In other words, the eruption is precisely similar to ordinary acne simplex and acne indurata, with the difference that there are frequently associated with these lesions tender nodules of even larger size than are usually encountered in acne indurata. These may attain the size of a hickory nut, assuming a pale reddish color and discharging upon puncture their mingled contents of pus and sebum.

The papules and pustules are upon inflamed bases and are quite tender. The patient complains, not of itching, but of a burning pain. Not uncommonly comedones will be found associated with these lesions, as in ordinary acne, but they are by no means essential. The course of this eruption is indeterminate. They usually persist so long as the bromide continues to be administered and disappear speedily after its withdrawal. The individual lesions come and go and there is a decided tendency to leave, after suppuration, little pitted scars that remain indelible, as in acne indurata. Indeed, it is evident, that the affection is simply acne due to the irritation of the bromide.

But the process does not always stop here, or remain the simple follicular inflammation just described. A peculiar condition due to the ingestion of bromide of potassium has been recorded by so large a number of writers that there are reasonable grounds for considering it a special production of bromide irritation. It is a lesion closely similar to, perhaps identical with that reported in a single instance by Cullerier, as an iodic eruption and to which I have already referred. Following the ingestion of bromide of potassium, it has been observed and described with but unessential disagreement by Voisin, Veiel, Lees, Crocker, Cholmely and others. It is likely that a case reported by Duhring of spread out erythematous and papular

patches, possessing enlarged sebaceous orifices, with minute plugs along with free secretion of sebum, following the use of the bromide, presented an exceedingly mild stage of the process we are now about to discuss. This pathological condition seems to be, indeed, a "confluent acne," as it was first called, I believe, by Cholmeley; in some instances "a crowding together of sebaceous glands, (acne spots), distended with sebum, which is of more or less milky aspect." (Fox, Skin Diseases, 2d Am. ed., p. 134). In more advanced degrees there is produced greater and more generalised inflammation of the parts that are involved. The case reported by Cholmeley was of an epileptic patient who, while taking bromide of potassium, developed, along with general malaise, headache and frequent fits, a painful and extensive eruption of varicella-like vesicles upon the face and legs with a strong tendency to become confluent and to suppurate at points. The eruption proceeded from the hair follicles and was of six weeks' duration. (*Medical Times and Gazette*, 1869, ii p. 695). Lees has reported a case (Transactions of the Pathological Society, London, 1877, p 247) possessing features similar to the foregoing one. The patient, an infant, nine months old, after taking very large doses of the bromide of potassium, for a considerable period, began to break out with an eruption of little red spots, shortly after the bromide was discontinued. These spots enlarged and became elevated. Within their areas a number of yellowish points appearsd, discrete and evenly distributed. Sooner or later these patches became covered with a dark brown crust of considerable thickness becoming cracked and split up into large areas. If raised, these crusts revealed a red, raised, but not ulcerated surface. The parts affected were principally the face and neck. The patches continued to develope for six weeks. Voisin (*Gazette des Hospitaux*, 1868, p. 603) encountered six out of ninety-six epileptic patients under bromide treatment who presented symptoms closely related to the foregoing, though differing in some respects. The eruption began upon the inferior extremities, as oblong or roundish swellings from 2 to 5 cm. in diameter, of a rose or a cherry red color, with agminated acne like pustules upon their surfaces. They were indurated of base and unaccompanied by enlargement of the lymphatic glands or by fever, but were so painful that the patients were unable to move their legs. In the course of months they discharged a fluid which formed thick scabs, and then slowly subsided, (quoted by Fox op, cit p 134). Veiel records a somewhat similar case and Neumann has encountered the same eruption.

There can be no doubt, I think, that these writers refer to the same morbid process, and that we may go even farther and place in the same category certain other results of the ingestion of bromide of potassium observed and recorded by Hutchinson, Crocker and others. Hutchinson, for example, has pictured a very interesting representation of what he terms "ulcerated eruption from bromide of potassium." (New Sydenham Society Atlas of Skin Diseases, plate 43, catalogue part ii. page 158). This case had previously gone through phases similar to those described by the author already mentioned. The rash began with the appearance of "rounded prominent vesicles" containing purulent fluid; often solitary, sometimes in groups, like herpes, but more raised and less distinctly vesicular. The puriform contents dried up and there was next observed circular flattish elevations of dull pink color, more or less scabbed over. These patches bore some resemblance to condylomata. The larger patches discharged moderately and appeared to be superficially ulcerated. The largest were equal to a halfpenny

in size, but the confluence of several of these made, here and there, irregularly figured surfaces of larger size. Veiel (loc. cit.) reports even more extensive ulceration; doubtless, a still more advanced stage of the same process, where the wheal-like elevations became wart like, passing into a condition of evil looking ulceration, deep and without tendency to heal until the ingestion of the bromide was countermanded, when they rapidly cicatrized leaving dirty yellow scars. Dr. Weir Mitchell has likewise described ulcers from the use of bromides. (Trans. Col. Phys. Phila., 1868).

Among the eruptions of this class may be enumerated furuncles,usually of small size. Hutchinson considers these boils to be for the most part withour central sloughs or cores. It is doubtful, however, whether they differ from furuncles of whatever other origin. These furuncles may be very numerous and may persist so long as the remedy continues to be administered. Veiel has observed a single case where the patient seemed to develope shortly after beginning a course of bromide of potasssium a large number of warts upon the face and thighs.

The bullous eruptions, such as are observed after the ingestion of the iodides are certainly very rare as bromic rashes. Wigglesworth has reported a case of bromic bullous eruption in which the lesions were acuminated and attained the size of a split pea or the end of the finger, some being so dark that the presence of blood in their contents was indicated. (Transactions American Dermatol Association, 1879. Archives of Dermatol. 5, 1879, p. 371). A bromic purpura, has not, so far as I know, been recorded. Eczema, which has observed upon the legs by Voisin must be the rarest of bromic eruptions.

Farquharson (loc. cit.) thinks that children under one of age are peculiarly liable to the bromic eruptions. (Fox observed an eruption in an infant whose mother took potassium bromide). Beyond this there seems to be no time of life at which these unfortunate results from bromides are most frequently encountered Neither do they affect either sex by preference. Conditions of health have but little to do with their appearance or course. It is to be noted, however, that both Voisin and Veiel have remarked that bromide eruptions are more apt to occur in persons with thick skin which is greasy from hyperactivity of the sebaceous glands.

There seems to be no reason for concluding that small doses of the bromides are more apt to evoke cutaneous eruptions than larger ones, as has been asserted. These rashes are certainly most frequently encountered among those patients whose pathological conditions most demand the free exhibition of the drug, as epileptics, etc.,and, as has been already remarked, it is probable that idiosyncrasy plays a less important part than with iodic rashes, since a much greater proportion of those who ingest bromides, at one time or another, have some form of eruption, usually acne. Toleration may be acquired, but it is not impossible for an eruption to appear long after the patient has began to take the remedy, and after the dose has been diminished, as in a case of Duhring's. A bromic eruption may even appear after the bromide itself is no longer administered. This, however, is easily conceivable, since bromide has been found in the urine two weeks after the administration of the last dose. (Bill. *Amer. Jour. Med. Sciences*, July,1868), and, indeed, Rabuteau has been able to detect it under the same circumstances, after a month. (Quoted from Woods' Therapeutics, p. 311).

In these cases it is, of course, impossible to conjecture the cause of the outbreak, when one would suppose the irritation was

becoming less intense. Apart from idiosyncrasy, the fact of the elimination of bromides through the skin may account for the irritation produced by their presence; for, while undoubtedly the principal elimination of these preparations is by means of the kidneys, they probably also escape with the sweat, (Amory) the saliva, and, indeed, with all the secretions. The sebaceous glands thus probably assist in this, and Guttmann has positively ascertained the presence of the drug in the acne pustules. (Virchow's Archiv. Bd. 74, Heft 4, 1878).

When the erythematous and papular bromic rashes display the coppery hue mentioned by some writers, they may well be mistaken syphilitic eruptions. In such cases one must be guided by the history and condition of the patient; the eruptions themselves afford no specific differences. Likewise the various forms of bromide acne differ in no manner from acne however arising. In its distribution, however, it betrays some especial characteristics in appearing in places where ordinary acne is unlikely to be found; for example, upon the scalp, where it is frequently met with, and affecting hairy surfaces generally. The confluent form of acne described offers characteristics not often met with, and which are in a measure specific. But it is by no means certain that precisely similar conditions may not occur under different irritating causes, acting through these glands. We have seen that an identical iodic eruption has been observed and I would suggest that the pathological processes known as tinea kerion and sycosis, bear certain remote relationship to this eruption, in so far as they represent aggregated and deeply-penetrating follicular inflammation. There is but one reliable method of attaining correct conclusions in the diagnosis of bromic eruptions, and this consists in observing their increase or decline as the bromide is pushed or as its ingestion is abandoned.

These various eruptions usually entail no very serious consequences, and when necessary the remedy is often persevered in, in spite of them. In rare cases the occurrence of "confluent acne," as we have seen, may greatly incommode the patient and interfere with locomotion. The prognosis, however, offers no special gravity, except in so far as the severity of the eruption may entirely preclude the possibility of administering the drug in certain rare cases.

Neumann has investigated the histology of bromic acne and, following his observations, the hairs are thinned, the openings of the hair follicles are enlarged. The contents of the upper portion of these consist of horny epidermis, while in the lower third the cells of the external root sheath enlarge. The sebaceous glands also enlarge; their contents being formed of sebum and pus-corpuscles. Here and there they form closed sacs, filled with dry epidermis and lined with epithelium. Some exhibit protrusions from their walls, others preserve their orifices and contain increased numbers of epithelial cells with pus cells and sebum intermixed; or else the orifice is enlarged and filled with horny cells, while the gland body contains epithelia, pus and sebum. The cutis shows abundance of round cells about the papillary portion arranged in a net-like manner. The papillæ are lengthened. Neumann was able to detect dilatation of the sweat ducts and increase of their parenchyma in some specimens. (Lehrbuch der Hautkrankheiten, Wien, 1880).

Of treatment not much is to be said. Various ointments have been employed, but with doubtful result. The abandonment of the medicament will always be followed sooner or later by the disappearance of the eruption. But as it is most often desirable that the use of the bromide should

be persisted in, it becomes exceedingly important to have some method at our disposal whereby the bromic eruption can be prevented. It is claimed that such prophylaxis may be secured by the administration of arsenic. The strong array of authority claiming this property for arsenic entitles the subject to our most careful consideration. Mitchell, Gowers, Russell, Duhring have each declared their belief in its efficacy. Gowers has reported a number of cases where the eruptions were cured while the patients continued to take the bromide without interruption. Gowers had not observed a single case of bromic eruption (which formerly had been not at all uncommon) after conjoining the administration of the bromides with small doses of arsenic. Arsenic was first proposed for this purpose by Eccheverria and seems to be growing into favor. I am inclined to think most favorably of it for the purpose indicated. Two or three minims of Fowler's solution should be administered with each dose of the bromide. Other preparations of arsenic are equally efficacious. Treatment of the special lesions of these eruptions calls for no specific treatment. They should be treated as similar lesions of simple origin and upon general principles.

[*To be Continued.*]

ORIGINAL PAPERS.

ON DIGESTIVE AFFECTIONS DURING PREGNANCY.

BY W. F. A. KEMP, M. D., BALTIMORE.

The digestive affections during pregnancy, are among the most distressing of all ailments that are incident to such a condition.

They are, at times, so light and temporary in character, that no remedial assistance is required at the hand of the medical man, or they may, at times, be so grave in import as to require our most carefully directed efforts, and it *is not unfrequently the case that* despite the efforts we deem most expedient, our hopes are not realized, and the patient's discomfort continues with little or no abatement. We are not without recorded cases, where death finally ensued after all the means of therapeutic and operative character had been tried to no purpose.

The duration of these affections differs greatly in different cases, in some simply a morning sickness, or perhaps in the afternoon or evening its distresses are manifest by nausea or possibly a successful fit of vomiting, which sooner or later passes off, the patient again able to resume her duties, or mingle in the pleasures that surround her; in others the indisposition may last half the day, or yet be present mostly during its entire length, though in such conditions the patient is not totally unfitted for her duties; in others the only rest they obtain is by continually observing a recumbent position; others again find rest in no position, nor at any time, but harassed by the most distressing sickness. She is ill content to eke out the present time, hoping for the day when her troubles shall end, and rest once more be her allotment.

These disturbances of digestion, occur early in the train of symptoms which mark utero-gestation. They may last a few months and disappear entirely, or after having disappeared may return during the later months, or as is observed not infrequently, they last with greater or less severity during the entire period. Such disturbances are generally anorexia—nausea and vomiting, sometimes constipation, at others looseness of bowels exist. Acidity of stomach with most disagreeable eructations of fœtid gases; salivation profuse and intractable; sometimes soremouth, such are the general digestive disorders incident to

pregnancy, and happy is the woman who escapes them.

A variety of plans and a host of remedies are lauded for the relief of these symptoms, some act upon principles of chemical affinity, others are to act mechanically or through the influence of the nervous system.

It is impossible to treat the digestive disorders of pregnancy by or with favorite prescriptions, either of another, or of our own. What relieves one, fails to relieve another, and so we go from one expedient to another if we are not fortunate enough to appreciate the exact condition of the function so disturbed. It is not difficult to recall cases where simply prescribing for the symptom, we have overlooked the exact condition of the function disordered. A case which presents in the matters expelled from the stomach such evidences that only the mucous secreted is thrown off, calls for a different prescription from what we would expect to do good if bile appears in the vomit. There has been lately under my care a case of most aggravated vomiting. The vomiting began at the fifth week and continued with little or no abatement until long after quickening – it continued until the sixth month, constipation was marked, and singular as it seems, yet the fact remains as true, that nothing would begin to give the relief that small doses of calomel procured. The relief obtained from the calomel was only of short duration, for unless the calomel was given in sufficient doses to act, with the assistance of carbonated salines, it afforded no relief whatever.

It is certainly true that not a morsel of food was retained by the stomach of this patient for a period of three months; nutritive enemas had to be relied upon for strength. The matters vomited by this patient were green and viscid, and adhered tenaciously to sides of any vessel into which it had been ejected. Emaciation was extreme and it was feared that premature labor must be accomplished to save her life. About the end of her fifth month, nitro muriatic acid happily allayed sufficiently the gastric disturbance to allow small quantities of food being taken. It must be mentioned that although the nausea stills exists, the vomiting does not occur unless the patient rises from a position of recline. It may not be without interest to mention that this patient has always suffered from dysmenorrhea, and I think I mistake not when it is affirmed that such as are subject to painful menstruation most often present the most aggravated gastric disturbances. At the same time this case was under observation I had another, which had her distresses relieved by living principally upon buttermilk for a period of six weeks. But not to be tedious with a relation of special cases, we will observe that frequently much relief is obtained from the administration of alkalies and tonics. A favorite remedy with many is sweet tincture of rhubarb and gentian. Another favorite is the salts of cerium. Infusion of calumba and soda, with or without a few drops of prussic acid to each dose, has been quite serviceable in many cases. Effervescing draughts, creasote and lime water, drop doses Fowler's solution, tincture iodine and of wine of ipecac, opium and its derivatives, bismuth and the like are among the remedies principally employed. Applications both externally, over abdomen and spine, and internally to the uterus itself are recommended and have been used frequently with happy effect.

Counter-irritation by sinapisms, turpentine stupe and cantharidal vesication have all been useful, at times, in procuring relief. We have obtained ourselves, and know of others enjoying the same experience, the most happy results from the application of dry cold to the abdomen, and we are not without a knowledge of cases when the application of heat has been most signally benefi-

cial. Of procedures which are applied directly to the womb, possibly that of dilating the cervix is the one most universally employed. There are some who advise the application of certain unguents or lotions, which by blunting uterine sensibility prevent reflex influences. In the *Medical Times and Gazette*, August 7, 1880, Dr. Welponer mentions the satisfactory results obtained in the obstinate vomiting of pregnancy, by the application to vaginal portion of the cervix of a ten per cent solution of nitrate of silver. He keeps the solution in contact for 5 minutes, and then dries the parts with cotton-wool. The application requires to be repeated at intervals of two or three days; but its ultimate success is remarkable. It is impossible to speak from personal experience, as this has never been used by myself, nor do I know of any who have employed it. This application was the recommendation of Prof. Brauer Ferwald. Of the remedies usually efficacious in the vomiting of pregnancy, where acidity of stomach and eructation of gases occur, perhaps the best alkali is magnesia. At least such is my observation, though the fact is recognized that sulphites and hyposulphites have answered well in those conditions, as have the mineral and vegetable acids. For salivation, as adjuvants to internal medication great relief has been noted from the employment of mouth-washes, antiseptic or stimulating in character. I recall one case where salivation was exceedingly profuse and stubborn in character; it lasted throughout the greater part of the pregnancy, and was attended not only by the discomfort which the continual dribling of the saliva produced, but induced a very sore mouth with denudation of epithelium of buccal cavity and excoriation of tissues in the face adjacent to the mouth. The interesting question of the pathology of these cases is to determine the cause of the vomiting. How much the stomach itself has to do with the emesis. Physiologists vary as to the part the organ itself plays in the act, some maintaining that the stomach is perfectly passive, whilst yet a respectable number are attributing much to the contraction of the gastric parietes. Experiment has demonstrated the fact that irritation of pneumogastric nerve will produce vomiting, and also that before the stomach empties itself there must occur relaxation of cardiac sphincter. That the womb, by its descent in the early months of pregnancy, causes by gravity a new relation of pelvic viscera and thus reflexly exerts an irritating influence, is the opinion of some, whilst yet others attribute the vomiting to the alterations in the maternal circulation incident to the growth and development of the fœtus in utero, and also by pressure of the enlarging womb upon abdominal organs. The remarkable feature of these disturbances is, that they are more distressing in primapara than in multipara, at least most generally so. Apropos to this question of vomiting, it may not be without interest to notice the result of recent experiments made by Carl Greve. He used apomorphia in his experiments and concludes as follows: "The centre for vomiting is identical with or close to the respiratory centre. The nervous path along which the irritation is propagated from the vomiting centres to the organs concerned in the act, lies in the spinal cord as far as the sixth dorsal vertebra. When the cord is divided below this point the vomiting still occurs, but not when the point of section is above this vertebra. The stomach takes no part whatever in the act of vomiting."

A study of the nervous supply of the womb, and the intimate relation of its associations with the great sympathetic may shed great light

upon the course and cause of pregnant digestive disorders; certainly so if the results of Greve's experiments hold good. But interesting as these inquiries are we must return to their treatment. It is to be regretted that such a diversity of opinion prevails upon the therapeutic treatment of pregnant women; but when we remember that not a few women testify they never feel so well as when they are pregnant, and that others are completely miserable during its existence, our astonishment gives place to speculation and we are lost in our endeavor to account for such varied returns from the same pathological or physiological state. Our subject would be incomplete were no reference made to the induction of premature labor in the severe cases of vomiting. The journals give many cases in which such procedures have been instituted and life saved; they also record numerous deaths where from emaciation and fatigue the patient has succumbed to the effects of the operation. 'Tis true, nature frequently comes to the relief of the patient and abortion occurs spontaneously. Some, in attempting to imitate nature, artificially induce the same; some maintain the unorthodoxy of this procedure, whilst others justify and practice it. It would be interesting to give the results of our city on this procedure. I know of one successful case, in the practice of Dr. Gilman, where years afterward the same patient was delivered of a living child. I also know of cases terminating fatally. What has been the experience of others I know not. I have never yet had occasion to induce premature labor for relief of vomiting, although I have seen abortion occur three times where it was evidently due to the violent retching of the patient.

In the experience of my father relief artificially obtained was never necessary. The measures that have proven most efficacious generally, that is when there was no special disorder and the vomiting was due simply to irritability of the stomach, and it the only symptom demanding relief, have been such as are included in tonics and alkalies, with due regard to alvine dejections; I think women who have frequent stools escape much discomfort which attends constipation, especially in the puerperal state. Of all external applications I think the best results have accrued from the application of dry cold immediately over seat of trouble; dilitation of the cervix has not in my hands produced the happy results which others claim for it. To relieve or even ameliorate the condition of these cases is no easy task, for frequently temporary relief only rewards our efforts, whilst we had from all the appearances in the case a right to expect a more enduring character to the cessation of the vomiting and nausea.

Many have used rectal injections with prompt effect, chloral being most generally the drug so administered. It is well known that in some of these severe cases nourishment has been given in this way. Suppositories both rectal and vaginal have their advocates. Of all that may suggest itself to one, the only advice that is likely to suit all and every case, is the insisting upon absolute quiet in the recumbent position. I think often we fail in our advice, if we do not insist upon this reclining position; in the case referred to, I am satisfied the absolute prohibition to leave the bed, or even sit up, had much to do with the little comfort that patient enjoyed. Much less medicine may answer if the rule of absolute quiet be observed. Upon this point there is no difference of opinion. Cases in practice might be added to show the stubbornness of the vomiting, and many points of interest might be elicited from a careful examination of them, but we pass on.

Much of interest to us as practical physicians comes from a careful study

of these digestive affections, but a more extended examination of them is unnecessary at this time. We hope enough has been said to fairly present the subject. We have mentioned the uncertain results which frequently attend our efforts, and also the diversified character of symptoms presented by different cases. We regret that it is impossible, at this time to give statistics bearing upon the result of instrumental interference; we offer as a possible explanation of the reflex character of these disorders, the inference that irritation, no matter whence their origin, if their influenee is communicated to the cord below the sixth dorsal vertebra, we may have nausea and vomiting as a consequence. This explanation may account for the nausea and vomiting attending passage of biliary or renal calculi, or that which attends disease of abdominal origin. If the management of the digestive affections of pregnancy is to be improved, as we hope it may, we lose no time in considering in what manner the symptoms are produced. The hope is indulged that by conducting our inquiries as to cause of these disorders, we may be able to act more intelligently than has been done by many in times past. Physiology interpreted by altered function or pathology must be the basis of all rational treatment.

Oôphorectomy.—Dr. H. P. C. Wilson, of this city, performed the operation of oôphorectomy at the Union Protestant Infirmary, in this city, on December 11th, in the presence of a number of medical gentlemen. This is the second time this operation has ever been performed in Maryland.

SOCIETY REPORTS.

PROCEEDINGS OF THE MEDICAL SOCIETY OF HARFORD COUNTY, MARYLAND.

(*Reported for the Maryland Medical Journal*)

Pursuant to adjournment the Medical Society of Harford County met at the Masonic Hall, Havre de Grace, on Tuesday, November 9, 1880

The President, Dr. H. Clay Whiteford, was in the chair.

In the absence of the Secretary, Dr. W. Stump Forwood, whose illness forbid his attendance, Dr. D. W. Hopkins was appointed Secretary, pro tem.

The minutes of the previous meeting were read and adopted.

The President read a letter from the Secretary, explaining that his absence was due to the condition of his health, and referring to some business matters submitted for the action of the Society.

After the reading of this letter, the President, in a few well-chosen words, extended a formal welcome to Dr. T. A. Ashby, a visitor from Baltimore, and the editor of the *Maryland Medical Journal*. In part, he said: "Dr. Ashby, in the name of the Medical Society of Harford County, I have the honor to welcome you to our meeting to-day. We feel flattered that you, hailing from a large city, where your daily associates are the brilliant professional lights of our State, whose reputation adds largely to the medical fame of our great country, should to-day come and unite in the deliberations of this Society of country physicians. Again we bid you a most cordial welcome."

Dr. Ashby briefly responded, saying that, "He felt it a great pleasure to meet with the Medical Society of Harford County, and more particularly so from the fact that, although a stranger, personally, he felt that he was acquainted with the members through frequent correspondence with Dr. Forwood, the Secretary of the Society, whose enforced absence on the present occasion he very much regretted."

The Secretary read a letter from Dr. Craig, of Columbia, Pa., expressive of

his regret in not being able to attend the meeting.

The visitors present at the meeting were Dr. T. A. Ashby, of Baltimore; Dr. R. E. Bromwell, Dr. A. A Hanna, Dr. J. H. Jamar, Dr. G. S. Dare, Dr. C. M. Ellis, all of Cecil County, and Dr. W. S. Skinner, of Delaware.

A letter from Dr. E. S. Bates, Dean of the Columbia Veterinary College, New York, addressed to Dr. Forwood, the Secretary, was read by the Secretary pro tem. The letter stated that there were two free scholarships in the Columbia College; and since our Society had shown a deep interest in comparative medicine, he would be pleased if we would suggest the name of some deserving young man, of limited means, who wished to devote himself to the veterinary profession to fill one of the positions. "Such a student would be at no expense except for board and books."

The letter was received as a compliment to the Society for its efforts in behalf of veterinary medicine.

After some further routine business the President announced that Dr. Ashby would favor the Society with a paper, prepared expressly for this meeting.

Dr. Ashby then read the following, entitled:

A MEDICAL SOCIETY; ITS VALUE TO THE PROFESSION.

Through the courtesy of your able Secretary, Dr. W. Stump Forwood, I was invited to attend this meeting and to read a paper before this body. The invitation I felt quite willing to accept, as it gave me an opportunity to meet with the members of the Harford County Medical Society upon an occasion of enjoyable interest. During the past few years I have learned to know this Society through its intelligent and active interest in medical science, but for the first time I now have the pleasure of meeting face to face with the gentlemen who give life and vigor, thought and purpose to this growing organization in a prosperous section of our State. It occurred to me, in accepting the invitation to meet with you to-day, that I might offer as my contribution to this occasion a few thoughts upon a "medical society," and endeavor to point out "its value to the profession."

I am aware, in presenting this subject to your consideration, I am addressing gentlemen who have enjoyed large experience in medical work and a medical society which has practically exemplified the very truths I wish to enforce. But, gentlemen, my experience with medical organizations has taught me that the most prosperous and ably conducted medical societies do not fully enjoy the professional regard they so well deserve, and that their value to the profession is not justly appreciated. A practical demonstration of this is shown by the fact that in every community only a part of the profession is found willing to engage in this character of medical work, and of those who become members a few often bear the burden of sustaining the organization. This is the case in cities and counties where medical men are actively interested in medical science and thoroughly organized for its advancement. I need not point you to other sections, either in cities or counties, where no concert of action exists and where professional thought languishes in disorganized inactivity and positive inefficiency. I am not sufficiently informed as to the condition of medical matters in Harford county to apply these remarks to your special case. I have learned to regard the profession in Harford county as being more harmonious, more thoroughly organized and intent upon medical progress than in any county in this State with which I am acquainted, or in any Southern State of which I have been able to gain information. I find by the record, that your Society was organized November 13, 1866—fourteen years ago—and that it has been in active operation during that period. From this record, gentlemen, you may be regarded pioneers in this good work, and it is partly for this reason I have come here to-day to offer a few random thoughts upon medical societies, thoughts which if not marked for originality or depth, will present, I trust, a few wholesome truths worthy of your consideration.

It is not necessary to define the nature and scope of a medical society. It is well understood that such an organiza-

tion is founded and governed upon the same parliamentary basis as is observed by similar organizations under the jurisdiction of the varied professions and interests in life. A medical society has for its object many of the purposes which draw men together in other departments of human activity. This object may be expressed or implied in rules adopted for its government —rules more or less arbitrary in their character, having special reference to the functionings of the organization and bearing no reference to the nature and value of the influence the organization exerts. Rules for the government of a medical society are as much indicated as for the proper regulation of any other band of workers, but such rules are only valuable in proportion to the character of the discipline exercised for a given purpose. Undoubtedly a medical organization requires for its government a discipline which will effect its purposes, which will teach obedience to its requirements, which will exact of its membership the fulfillment of every imposed duty In other words, a perfect working medical society can only be secured by the arrangement and harmonious adjustment of its complex individualities, by the enforcement of a spirit of organized cooperation and purpose, and by the adoption of an enlarged conservatism in its management. A medical society may fail to accomplish a useful purpose from a misunderstanding of the relations which should exist between a well-conducted body of workers. In fact, to just such causes must we refer many of the failures which occur in the permanent organization of medical societies. Medical men, as a class, are not trained to observe order and discipline, and resist any restraint imposed with the arm of authority. They are often willing to work after their own ideas and as it suits their own convenience, but rebel against forced pressure applied with disciplinary compulsion. In the conduct of a medical society just such forces as these must be duly considered.

I take it a medical society will prosper most and will prove of greatest value to the profession which adopts the mean between the two extremes, persuasion and force, and relies for influence over its membership by arousing an interest in its deliberations and purposes, by stimulating a love for medical science for its own sake and by drawing out a willing cooperation in the discharge of such duties as may be attended with a reasonable satisfaction. Men will work with more or less ability and zeal in proportion to the interest attached to duties assigned them; hence to develop the many-sided characteristics which enter into the membership of a society it is requisite that its presiding officer should be a man skillful in recognizing the varied phases of its mental components, if I may use such an expression, and one who can direct these tendencies in their proper channels. To this tact in manipulating silent and undeveloped forces we may confidently hope for good results from an executive officer. Next in order, if not of co-equal official importance, is the office of secretary; an officer who requires a fluent pen, and mind well trained to grasp and record trains of thought with accuracy as they are expressed in debate. Such debates should subsequently receive a careful revision and be forwarded for publication in a creditable medical journal. The duties of secretary are of an arduous and difficult character, and an able and willing officer is of great value to a medical society. Upon him must devolve the duty of faithfully reflecting the society's deliberations before the profession at large. To his reports must a society look for a large share of the interest its meetings arouse among its membership. I will venture the remark that the most efficient and influential medical societies are those which have their debates most faithfully recorded and subsequently published. So important is this work considered by many societies that the position of reporting secretary is made a salaried office, as it deservedly should be. So onerous are the duties of the secretary that many shrink from it, and plead incapacity as a hope of escape from such labor; but surely in every body of medical men one man should be found with the needed qualifications and ambitious desire to serve in such a capacity of usefulness and distinction. No member can give more life and usefulness to a medical society than a competent

secretary; and no man more thoroughly deserves the gratitude of his associates if his work is thoroughly done. In this respect the Harford County Medical Society has been so fortunate as to secure the services of a gentleman whose fidelity, zeal and industry have made its reports the common property of the entire profession, and have given its meetings a national reputation Upon the active and cooperative effort of all the officers and members must a society depend for its value to the profession.

I have thus hastily traced an outline of the forces which must be employed to perfect a medical organization. It is plain a society must exist in good working condition before it can render any value to the profession.

It will now be my effort to demonstrate wherein the medical profession may be benefitted by such an organization as I have pointed out. It is only within recent years that medical societies have come into general favor with the profession. In Maryland we have had a State organization, the *Medical and Chirurgical Faculty*, dating back to a period eighty odd years ago, but but it is only within the past twenty or thirty years that local medical societies have come into existence; within the past ten years a number of local organizations have been established in Baltimore and several counties of the State. These societies have grown in popularity and usefulness, and have given a strong impulse to progressive medicine in Maryland In Baltimore four of these local societies are now engaged in active work and number over three hundred members in the aggregate. In the counties of Allegany, Queen Anne's, Kent, Harford and Cecil similar societies are engaged in work. Of these the Allegany, Harford and Cecil county societies meet regularly and have aroused much interest in their respective localities. If we go beyond the borders of our State, we find a similar, and occasionally, a greater increase of activity brought about by medical societies. It has been positively demonstrated that such organizations are of growing value to the profession and are being so recognized in every section of our country.

Now, it may be asked in what way is a medical society of value to the profession? I answer, a medical society is an organizer of professional work; it stimulates a healthy inquiry in medical thought; it arouses an interest in medical practice; it encourages original investigation; it develops a love for medical and collateral science; it gives play to mental activity by enforcing systematic observation and study; it arouses a healthy zeal and purpose in the pursuit of experimental knowledge, and, in fine, directs the professional mind in channels of speculation which lead to a higher progress in scientific acquirement.

These may be termed a few of the advantages which flow from the medical society. Let us now consider more fully these propositions. It will be admitted that an organization is necessary to direct and assign work to men engaged in common interests if unity of purpose and concert of action are required. Now, through a medical society just these results are brought about. A definite plan of action is agreed upon and direct methods of bringing out the efforts and interests of its members are enforced. Regular duties are assigned and men are stimulated to work in such directions as a society may elect. Through this agency may be secured original papers upon subjects chosen by the society or left to the option of the member. The original work thus produced is often of great value as the outcome of systematic research in given fields of inquiry and as an opening wedge to general discussions which may develop more important scientific truths. In proportion to the amount and value of the original work brought out by a medical society may we estimate its usefulness to the profession. It should be the main purpose in every society to develop original investigation among its members and to direct the tendency of such inquiry in such channels of thought as may meet with the general objects of the society. Indeed, so important has become this idea of direct application of work to a special end that we find medical societies characterized for their researches in given directions and bearing such names as seemingly indicate

their special functions. In this way we have established the *Pathological*, the *Obstetrical*, the *Clinical*, the *Physiological* and other similarly designated bodies of workers, all at labor in their respective fields and each bearing fruit in accordance with well arranged adaptations to special ends and purposes. Such organizations have their value and meet with the wants of such localities as afford sufficient material to give the requisite support and importance to their deliberations. Hence in large cities we find them working efficiently and through combined efforts giving a rounded character to the temple of Truth, which men in all ages have been laboring to erect No one will deny that, through the instrumentalities of these different organizations, the profession is advanced and the cause of science promoted. To all such agencies medical science of to-day acknowledges her proud position among her sister sciences.

It will be admitted that special ends are secured by this system of division in labor which could not have been reached through other methods of work Every community is divided, to greater or less extent, in the character of work pursued by different medical men. Men vary in their mental gifts, inclinations and capacities; one is absorbed in physiological experimentation; another sees in chemistry the solution of problematic phenomena touching laws of vital force and agencies in matter; a third recognizes in pathology the source of impaired function and seeks to overcome perverted nutrition through the application of his dogmas; a fourth bases his doctrines of practice upon experimental evidence and proclaims facts established by empirical rules superior to theoretical deductions unattested by his own observations. Men who are thus widely separated in their habits of observing phenomena, are yet apparently laboring after the same fundamental truths. It is this complexity of thought, this antagonism of ideas in unfolding the laws and forces of nature which gives the medical society its great value to the professional workers. Such men engaged in study bring together their respective offerings. They are subjected to examination, tested by sound judgment and assigned to their respective positions in professional estimation and regard. This system of developing complexity of thought among men has been attended by the discovery of the most important truths. The physiologist, the chemist, the pathologist, the clinical observer, have combined to make medicine exact, strong and permanent in her armor of warfare against blind quackery and empiricism, against skepticism and dogmatism, against superstition and heresy, the heirs of all the ages handed down with their force and power against truth. The battle has been fought and victory won by scientific inquiry, conjoined with that virtuous handmaiden of truth, experimental knowledge. These results have been contributed in every field of labor. The laborious worker and weary traveller through rural districts is represented as creditably, if not as fully, as the great experimenter in his laboratory or as the clinical observer in larger and wider fields of practice.

Yes, gentlemen, it may be profitable food for thought to remember what the country physician has done to swell this flood of light and truth now opening up to science. Once reflect and you will observe that from this class of men has come some of the most important truths and discoveries yet made known to our science. The great Jenner enjoyed the distinction of being a country practitioner. It was as a thoughtful observer of the natural phenomena around him that the the great truth of vaccinia grew into a permanent conviction and demonstrable fact. McDowell, the father of ovariotomy, that great boon of modern science, conceived and executed the operation as a country practitioner. McDowell practiced his profession in an obscure and backwoods country village, and died in ignorance of the great principles he had established by his genius and courage. Had there been such a medical society in his community as I now address, his triumph would not have languished and struggled the long number of years for professional recognition. Marion Sims, whose name we all honor and whose fame is coextensive with medical science on our globe, invented his speculum whilst engaged in practice in a rural district, and behold what an era

of progress it has opened up in gynecology.

I need not cite examples or relate facts to demonstrate the wide field of investigation opened to each one within the reach of my voice. It occurs to me the country practitioner enjoys great opportunities for orginal work, and that his contributions to science may be made of exceptionable value. His surroundings are such as should stimulate a love for the study and investigation of natural phenomena, and his habits of thought are of such a character as to give a value to his productions. By reason of his position he is removed from the seductions which tempt men residing in thickly-populated localities, to waste time in amusements or social intercourse, and habits of study and observation are thus enforced, His mind is educated to act and think with freedom and independence. He is forced to seek the causes of phenomena as they appear to him, and is equally compelled to apply his own efforts to explain them. He thus becomes trained in a fertility of resources which must produce practical results. The very atmosphere he breathes, the problems in nature around him undemonstrated by science, his constant communion with self, are such as to enforce a love for study and investigation. Then on the other hand, his actual contact with life; his close relations with disease; his absolute independence of thought and action; his habit of self-reliance in every emergency; all act to give a complete and rounded character to the man and to render his experience all the more reliable, trustworthy and valuable. I believe such men are able to contribute great aid to our knowledge of experimental medicine, and through the agencies of well-organized medical societies in every rural district, these contributions will be made to appear in their true value to the profession.

I have thus hastily presented a few of the direct advantages which result from a well-organized body of medical workers. I have only referred to original contributions, the result of deliberate and painstaking research, and to the discussions they might possibly awaken.

It may be proper now to refer to work of a more direct and practical bearing. I refer to the habit of reporting cases which are met with in special and general practice, presenting interesting points of diagnosis and pathology, and calling for unknown methods of treatment. This character of work is of great interest, and these reports and discussions elicit striking facts worthy of careful consideration. A medical society which develops this feature in its deliberations arouses a marked interest among its members, and is likely to prosper in proportion to the importance it attaches to such work. The presentation of pathological specimens,and the exhibition of new instruments or new remedies enter into society work as an outgrowth of zeal and interest among its members.

I think, gentlemen, I have shown how a medical society may be of direct value to the medical profession by reason of the work it organizes among men, and by right of the interest it creates for the love of science for its own sake, and as a means to a practical end, results in medicine.

We come now to the indirect results which flow from a medical society. It is a fault with too many of our profession to lose sight of the fact that the profession of medicine is, in one sense of the word, a trade or occupation, and in their zeal for science to forget the duties which medical men owe themselves and their families. The rightful appreciation of the relations between philanthropy and science, on the one hand, and the public on the other, has ever been a problem for solution among men, and out of this problem have grown difficulties which have made the practice of medicine one of hard struggle and labor. It has been a habit in certain localities for the public to regard a physician as a philanthropist, and a public slave, and to reward him with such crumbs of comfort as might result from his self sacrificing duties in behalf of science ; and, on the other hand, in other localities (though there are few of this class) the physician has obtained the ascendency and managed to practice his art with great solemnity and intolerance. It is evident the extremes of deportment here alluded to are equal foes to professional honor and

competency. No one will question the physician's right to charge for his professional services, yet we do know that through the leniency of medical practitioners their charges are often ignored by the public and the physician is often forced to regard himself as an object of charity. In some localities this condition is the outgrowth of rivalry and jealousy, men thus hostilly outraging their own interest to secure public esteem and good will. Now such conduct as this should be condemned as unwise, impolitic and degrading to the honor and influence of medicine.

Public respect for medical men is ever highest where they assert their rights with fearlessness and independence. To secure uniformity and harmony among rival interests in the branches of trade, associations have been formed,and fixed principles adopted for regulating conflicting interests. Just such measures apply with equal force to the medical profession. The medical society is of value to the profession in regulating these conflicts between its members,upon the one side, and in establishing the the correct interpretation of a professional contract with the public, on the other.

As a profession we need a better understanding in reference to professional ethics as applied to our business relations with each other and with the public. Through a medical society these ethical questions are met and harmonised to the great protection of our business interests In the society we meet as a professional brotherhood to renew pleasant acquaintances,to strengthen social ties, to exchange thoughts and opinions, to express mutual sympathies and to renew our pledges and our efforts in behalf of medical science and the health and happiness of society, entrusted to our care. We thus learn to know and esteem each other; our interests become common; rivalry and jealousy are subordinated by higher and larger motives of conduct and regard for each other.

The relations thus established by the medical society are worthy of promotion and encouragement; and to their universal adoption will medical science owe her highest achievement in the welfare of the human race. Hearts thus bound together by common purposes, by strong bands of friendship, make the profession of medicine one of the highest callings in which men can enlist their services in behalf of truth and philanthropy.

Aside from the social and business relations here referred to let us turn to other purposes promoted by medical societies of equal value to the profession. There are various general interests which effect the profession as a whole that must be met by organized effort. Science has never been the favored child of fortune, and to-day, as in all ages of the world's history, is opposed by human intolerance and ingenuity. Men have ever been found who labored to circumscribe her usefulness and imperil the great truths she labors to promulgate. The influence of medicine has been contracted by unwise legislation, by a want of public recognition of the value of the principles the profession may seek to establish. Hence we have observed the enactment of unjust laws by legislative bodies; and oftentimes a failure to make laws having in view the general good of the public, even when such laws were urged by weight of medical opinion. To protect professional interests, and oftentimes the public health, from false systems of legislation, concert of action and organized effortare required. Out of just such needs have grown into activity many of the State medical associations which have in view the expressed purpose of controlling the larger influence of representative men from all sections of the State. These organizations have likewise in view the regulation of medical practice and more general stimulation of medical work than is exercised by a local body. These higher triburals have a special claim upon the profession and in their deliberations should receive the support of the local medical societies. In every State the annual assembling of delegated bodies representing local interests should meet with the endorsement of the entire profession. The valuable relations which are established by local organizations in a community are proportionately increased by the combined influences of these local bodies brought together in general assembly. Men coming together from different parts of a State present larger and wider expe-

riences, and the exchange of opinion may reflect more important principles of practice. Then, again, there is strengthened concert of action and greater cooperation in undertakings looking to professional advantage. In proportion as the State Society is wider and broader in its scope of usefulness to the profession than the local bodies throughout the State, in the same relative value do we find the National Association exercising its stimulating and wholesome influence over the profession throughout our entire country. Individuals thus meeting for deliberation and for the enactment of useful laws, from every section of a wide territory cannot do other than widen the influence of medicine and establish its great value to society. The National Association has grown yearly in professional esteem, and its great value to medicine is being demonstrated more and more each year. We may now see in this organization its approximation to the wide and intelligent influence exercised over the profession in Great Britain by the British Medical Association. When we consider the fact that in the United States over sixty thousand men are engaged in a struggle for a livelihood by the practice of medicine, how very important and valuable must these medical organizations appear to every mind.

Here, in Harford county, is a society which each member may feel justly proud of; a society which is beginning to exercise an influence throughout the entire State; a society which has demonstrated the value of professional cooperation and the good which may result to progressive medicine from its deliberations. Then, gentlemen, persevere in this good work you have organized in the county of Harford, and take courage by way of remembrance that your influence is not only bearing golden fruit among yourselves, but is being felt far and wide in behalf of professional principles and the advancement of the cause of medical science. I congratulate you upon your past history as a body of intelligent and industrious workers, and wish success may attend your future deliberations in the cause of medical progress in Maryland.

At the conclusion of the reading, the thanks of the Society were extended to Dr. Ashby for his able presentation of the subject of his address; and the author was requested to have the same published, as a part of the proceedings of this Society, in the MARYLAND MEDICAL JOURNAL; that its valuable suggestions might thus be disseminated for the benefit of others throughout the State.

Brief discourses followed upon the subject of pneumonia, and upon the sick stomach of pregnancy. Dr. Forwood's published prescription for the latter malady was referred to, but none present had given it a thorough trial. *Dr. Ashby* remarked that there was no one remedy for all the varying phases of this multiform complaint He said that the ether spray, and cold applications to the abdomen had been advocated; also fly blisters and mustard. Fowler's solution was also sometimes used with good results, but we often had the mortification to find that all of our prescriptions fail in some cases.

Dr. Whiteford related a case of twin pregnancy that came under his notice within the past year, and which was remarkable for the length of time which elapsed between the births. The Doctor was called upon by A. W., colored, to visit his wife in confinement. Not feeling well, and it then being after nightfall, he declined to go. He advised him to get a neighboring midwife, which he did. About the same hour the next evening the man came for the Doctor again, who, upon expressing his surprise that the labor was not over, was informed that *one* child had been born the previous evening, but the old woman, who had been officiating as midwife, said there was *another* to come, and that she was unable to accomplish its delivery. The Doctor now visited the patient, and discovered upon examination that there was still a fœtus in utero. The child already born, he learned from the midwife, had passed by breech presentation. The bag of waters being intact he proceeded immediately to rupture it, when the second child was delivered without delay or difficulty by the vertex presentation. The two rather remarkable features in the case were: 1st, the elapse of twenty-nine hours

between the birth of the children, and 2d, the fact that each was entirely separated from the other, having distinct placentas and amniotic sacs. The children both did well, and the mother recovered without an unfavorable symptom.

Dr. Silver read an extract which he had preserved from a newspaper, in which the views of Dr. Harris, the distinguished statistician, are expressed in reference to the "Change in the Treatment of Disease." Within the last 20 years, Dr. Harris says a decided change has taken place in the treatment of disease, and this change is "not in theory only," states the writer, "but a compulsory change of practice." Patients now do not bear bleeding, even in pneumonia, from which formerly so much immediate and permanent relief was obtained It is now necessary to stimulate or the patient dies. This change, says Dr Harris, cannot be attributed wholly to the enervating habits of civilized life, for the same change is observed in savage and uncivilized countries. "For this universal evil there must be some universal cause," says Dr. Harris; and, he adds: "My opinion is that some cause has been in operation, affecting the whole world and the constitution of the race. Whether it be atmospheric or planetary, or whatever the source, there has been some agency which has gradually but surely been lowering the tone of the human system and making it more difficult to rally from the attacks of violent disease. This, the testimony of all medical men everywhere will most surely corroborate."

There is no subject of deeper interest with which to engage the medical profession of to-day. Dr. Silver remarked that during a somewhat protracted professional career he was enabled to verify by his own observations the statements of Dr. Harris in regard to the change in disease, or rather the change in the human system.

Upon motion of Dr. R. D. Lee a committee was appointed to confer with the Cecil County Medical Society, with a view to holding joint meetings at least once annually. Drs. Lee, Smith and Forwood were designated as the committee.

Dr. J. Ward Scott was appointed to present the subject of diptheria, in the form of an essay, to the next meeting of the Society.

The following named members were elected as delegates to represent the Society in the American Medical Association to be held at Richmond, Va., in May, 1881, viz: Dr. S. B. Silver, Dr. J. Ward Scott and Dr. D. W. Hopkins.

Upon motion the society adjourned.

D. W. HOPKINS, M.D.,
Secretary, pro tem.

THIRD STAGE OF ABORTION—Dr. Parvin, of Indianapolis, Ind., supposing that we have a case of incomplete abortion having hemorrhage, which, by its profuseness brings danger to the patient, a commencing offensive discharge that heralds a possible septicæmia recommends the following treatment: Take a pair of curved polypus forceps, of suitable size, and introduce gently the closed blades into the uterine cavity, open them slightly, then close and withdraw, when the fragments of the membrane can be removed and the instrument reintroduced. Repeat this three or four times, if necessary, until all membrane of placental fragments are extracted, then by means of an applicator wrapped with cotton wool swab out the uterus twice or oftener with Churchill's tincture of iodine, one of the best uterine hæmostatics, if not one of the best antiseptics. Finally let the patient have ten or fifteen grains of quinia and it will be rarely indeed that her convalescence is not prompt and perfect.—*Obstetrical Gazette*.

TO READERS AND CORRESPONDENTS.—The editor will be happy to receive early intelligence of local events of general medical interest, or which it is desirable to bring to the notice of the profession.

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BALTIMORE, JANUARY 1, 1881.

EDITORIAL.

THE AMERICAN PUBLIC HEALTH ASSOCIATION—The eighth annual meeting of the American Public Health Association was held in New Orleans, December 7th to 10 inclusive. The attendance was large, over three hundred members from all sections of the country being present. The amount and character of the work done compare favorably with that done at previous meetings of the association. The number of purely theoretical papers read is encouragingly small most of the essays being of a practical character.

The arrangements of the local committee, under the chairmanship of Dr. L. F. Salomon, were excellent and much credit is due to its members for the pleasant and unobtrusive manner in which the visiting members were taken care of and made comfortable.

The work for the association had been so accurately mapped out by the executive committee that the programme could be followed on almost exact time. No time was wasted in quibbling over small matters and hence the record of this year's meeting will be more than usually creditable to the association as well as beneficial to sanitary science.

For this happy result the members are largely indebted to the efficient manner in which the responsible duties of president were discharged by Dr. J. S. Billings. With a precision born of his military training, Dr. Billings kept everything moving promptly, yet smoothly, and by his prompt, yet just rulings kept aggressive members within proper limits both as to time and subject.

Dr. C. B. White, of New Orleans was chosen President of the Association for the current year. The honor was worthily bestowed, for Dr. White ranks among the first practical sanitarians of the country His successful efforts to limit the spread of yellow fever when he was president of the Louisiana State Board of Health, as well as the rational system of quarantine disinfection he introduced at New Orleans, have proven him to be an efficient and energetic executive officer. His work in connection with the sanitation of New Orleans by the auxiliary Sanitary Association, of which he is sanitary director, is too well known in its results upon the health of that city to require further comment at our hands.

The Association also showed its wisdom by the election of Dr. Azel Ames, Jr , of Massachusetts, as secretary. His intelligence and energy guarantee an efficient discharge of the duties of the position.

When an organization has a good financial officer it does well to keep him. The Association acted up to this in re-electing Dr. J. Berrien Lindsley, of Nashville, as treasurer.

A remarkable example of newspaper enterprise was exhibited by the *New Orleans Democrat*, in publishing the full transactions of the Association in its daily issues. The day following the adjournment the complete proceedings of the meeting were published by this paper in a neat pamphlet of 155 pages, giving the full text of all the papers read. An abstract of the proceedings will be given in our next issue.

Savannah has been selected as the next place of meeting of the Association.

NOTICE TO SUBSCRIBERS.—With this number of the JOURNAL quite a number of subscriptions expire. A notice to that effect will be given by postal card to each subscriber whose year ends January 1, 1881. We will be very much pleased to retain during the coming year all of last year's subscribers, but if any one desires his JOURNAL discon-

tinued we will request a notice to that effect, otherwise the JOURNAL will be continued. Subscribers in arrears are urgently requested to remit the amount due to the publishers. During the coming year the publishers design making important improvements in the style and conduct of the JOURNAL. and they earnestly solicit the aid and encouragement of the entire profession. Members of the profession are invited to contribute to the pages of the JOURNAL and to give it that liberal support so necessary to its complete success as an exponent of medical thought in Maryland.

REVIEWS & BOOK NOTICES

Atlas of Human Anatomy. Arranged according to Drs. Oesterreicher and Erdl, from their Original Designs from Nature, with Full Explanatory Text by J A. JEANCON, M. D. A. E Wilde & Co., publishers, Cincinnati. Rossmaessler & Morf, agents, 38 West Baltimore Street, Baltimore, Md.

Some months ago reference was made to the first eight parts of this atlas of human anatomy and its admirable design was pointed out. We are now in receipt of the second eight parts, in which are continued the series of plates presenting original designs from nature. The Atlas is a correct copy of nature and will serve a useful purpose to the lecturer on anatomy or to the private instructor when unable to illustrate their subjects by dissections upon the cadaver or with anatomical preparations. The work is artistic, handy and exact in its representations.

Food For the Invalid, the Convalescent, the Dyspeptic and the Gouty. By J. MILNER FOTHERGILL, M D., of London, and HORATIO C. WOOD, M. D, of Philadelphia. Macmillan & Co., New York, 1880. Pp. 180.

This little book will be found of practical value to every physician engaged in general practice. It is just such a treatise as will make clear the dietary management of the sick room and will remove an immense amount of ignorance in reference to dosing the sick with all kinds of soups and slops, without regard to their assimilative and digestive power. An immense amount of human misery is due to an unsuitable dietary, which could have been avoided by the appropriate administration of food and by a correct knowledge of physiological principles. This book discusses the question from a physiological standpoint, and has collected 298 recipes for the preparation of different articles of diet for the invalid, convalescent, dyspeptic and gouty which are recommended in accordance with physiological requirements. In an introductory the subject of digestion is briefly stated and the causes leading to its disturbances clearly pointed out. The authors show the importance of selecting food with reference to the absolute wants of the system, and the injuries which result from a misunderstanding of the digestive function and a misapplcation of dietary substances The book, though a small one, contains a great deal of useful information.

Yellow Fever, Its Ship Origin and Prevention. By ROBERT B. S. HARGIS, M. D. Pensacola, Florida. D. G. Brinton, M. D., publisher, Phildelphia, 1880.

This volume of 76 pages is made up of three articles which recently appeared in medical journals. The object of these articles has been to establish the naval genesis of yellow fever, which belief on the part of the author is founded upon a study of facts observed during the past twenty-two years. The first of these papers, entitled "The Ship Origin of Yellow Fever," was published in the June, 1880, number of *Gaillard's Medical Journal*. The second article,

entitled "Practical Hints relating to Yellow Fever Prevention," appeared in the July, 1880, number of the *Independent Practitioner*. The third article, entitled "The most Recent Utterances on Acclimatization and Endemicity," is a reprint from the September, 1880, number of the *Louisville Medical Herald*. To those interested in the study of yellow fever this book will have its value as entertaining views not generally held by the profession.

BOOKS AND PAMPHLETS.

"*Excision of Cancer of the Rectum. An Analysis of One Hundred and Forty Cases.*" By C. B KELSEY, M. D., New York. Reprint from *New York Medical Journal* for December, 1880. By the same author, "*The Surgical Treatment of Cancer of the Rectum*" Reprint from *American Journal of Medical Sciences* for October 880.

The Treatment of the Genito-Urinary Organs. The Use of Electricity, Damiana, etc." By J. J. CALDWELL, M. D., Baltimore. Reprint from *St. Louis Medical and Surgical Journal.*

"*The Symptoms of Sexual Exhaustion.*" By GEORGE M. BEARD, M. D., New York. Reprint from the *Independent Practitioner* for May and June, 1880.

Lacerations of the Neck of the Uterus. By A. REEVES JACKSON, A. M., M. D., Chicago. Reprint from *American Practitioner.*

The Abdominal Method of Singing and Breathing as a cause of Female Weaknesses. By CLIFTON F. WING, M. D., Boston.

Cutaneous and Venereal Memoranda. By H G. PIFFARD, M. D. and GEO. H. FOX, M. D., New York. Second Edition. Wm. Wood & Co., New York, 1880. Pp. 303.

Diagnosis and Treatment of Ear Diseases. By ALBERT H. BUCK, M. D., New York. Wm. Wood & Co.

MISCELLANY.

TREATMENT OF BILIARY CALCULI BY OLIVE OIL.—Dr. Kennedy states that various agents have been from time to time employed in the solution and expulsion of biliary calculi. Of these, chloroform alone or with ether is said to have removed these bodies, but this mode does not seem to have come into general use, probably, Dr. Kennedy thinks, because it requires time; but he believes that he has now obtained a simple medicine readily available in practice, and having the required properties. In every instance in which the calculi were proved or presumed to have been the cause of periodic suffering these bodies were promptly and painlessly expelled in larger or smaller numbers by the use of large doses of olive oil. The author appears to have administered the oil in six ounce doses at bed time—*Lancet.*

MENTHOL—This new antiseptic and antineuralgic is stearoptene of pepperment, or menthol a crystaline solid derived from the oil of the mentha piperita. It is not soluble in water, but dissolves readily in alcohol, ether or glycerin. A one to twenty solution may be obtained by adding one grain of menthol to six minims of alcohol with fourteen minims of water. Its antiseptic action resembles that of thymol; in the strength of 1 to 500 it will prevent the development of bacteria and kill those already in existence. Its antineuralgic action is obtained by painting it in solution (one grain of menthol in ten minims of alcohol) over the painful point. The author, McDonald, considers that menthol is the

active anticeptic and antineuralgic principle of oil of peppermint.—*New York Medical Journal.*

THE SOCIETY FOR MUTUAL DISSECTION.—Paris has all sorts of societies and associations similar to those of other populous cities, but perhaps the oddest of all in title is the Society for Mutual Dissection. The name would mislead one to believe that the chief amusement or occupation of its members and that they unselfishly devoted their living bodies as victims to the incisive strokes of friendly scalpels. In other words cutting one's acquaint ance might be construed to be a very friendly act if such were the in terpretation. The active duties of mutual friendship do not however begin in this curiously constituted association until after the death of individual members, each one pledging himself to leave directions that his body shall be dissected by his fellows of the medical profession. The motive for such a course is based upon a belief that they will thus escape all risk of premature inhumation while in a trance or in a state of coma, for they feel fully assured that the application of the knife of the surgeon would, under circumstances, resto.e them at once to consciousness or semivitality. There is a public officer known as the physician to the dea l—truly a misnomer when applied to those who are already beyond the power of physic—whose duty it is to hold a mirror to the lips of the dead per son to detect the slightest vapor of the breath upon its surface, to examine the inner membrane of the eyelids, and to institute all necessary scientfiic measures to verify the fact of death—*College and Clin. Record.*

TREATMENT OF PUERPERAL FEVER. Dr. Bell finds that no remedy is so effectual in purifying the system in cases of puerperal fever as the Edinburg preparation of the tincture of the muriate of iron, when given regularly in full doses often repeated (e.g. thirty drops every two hours.) The great error in the employment of this medicine is the timidity shown in giving it in sufficient doses; in consequence its good effects have been questioned in other diseases of a zymottic character, such as erysipelas, diptheria and scarlet fever. It has a remarkable effect in moderating the pulse and diminishing the secretion of pus. Dr. Bell thinks it right, however, to warn the practitioner against trusting the new preparation of iron called the tinct. Ferri perchloridi, which differs from the tinct. muriatis in its formation, its medicinal effects and its analysis—*Edinburg Med. Journal.*

CHARCOAL IN INFANTILE DIARRHŒA. M. Jules Geurin recommends char coal in the treatment of infantile diarrhœa. The affinity, he says, he sought to establish between the choloerifrom diarrhœa of children and adults led him to apply to the children the same treatment he had used successfully with adults M. Guerin orders the charcoal (wood) to be put into the feeding bottle, half a teaspoonful at the time suffices and where the child takes the breast, in a little milk sweetened—a teaspoonful to be given frequently during the day. After the first day the evacuations change in consistence and color, from green they become a blackish yellow. From this treatment M. Gurien has seen children who were wasted by seven or eight days obstinate diarrhœa recover their usual healthy expression in three days—*Louisville Medical Journal.*

MEDICAL ITEMS.

A royal medal of the Royal Society will be conferred on Professor Lister, on the recommendation of the council in recognition of his important physiolcgical services and the advances in surgery due to his studies and application of antiseptic principles=The Lumleain lectures will be delivered this year by Doctor Reginaid Southey of London. Subject, "Bright's Diseases" =Edward M.Barranger, who died at Zuric, Switzerland, recently, has bequeathed a large part of his estate to Harvard Medical College. The proceeds from the interest fund are to be devoted to the establishment of two scholarships whose annual amount shall not be less for each than $200 or $300=One of Jean Boudry's aphorisms runs thus: The gratitude of the patient to the physician! I know that. It is part of the disease. It is declared during fever, cools dawn in convalesence and is cured when health returns= Subjects for dissection are lacking in medical schools and special applications have been made for the bodies of unclaimed paupers=A death from hydrophobia has been reported from Washingtan. The patient was a boy, aged eight years, who was bitten in the cheek four weeks ago by a canine=It is not often that the doctor tells the truth about the results of his practice, but a German physician was lately surprised into doing so by the winning voice of childhood. "Papa," said the little one, "do people pay you for the patients who die as well as for those who get well?" God be thanked, my child they do," was his fervent reply, "otherwise we should all be reduced to beggary at once"= It is said the wealthiest and most aristocratic medical organization in New York City is the Obstetrical Society, which includes the gynecologists. This society has a social feature and after discussing medical questions proceeds to make way with champagne and oysters with much earnestness=New York City has more than a dozen different medical societies for the developement of medical science. The largest one is the County Medical Society which has over seven hundred members. The Academy of Medicine is said to have the greatest prestige for the character of its work and of its members as well as for its pecuniary responsibility. =Dr. Lunsford P. Yandell has resigned his editorial connection with the *Louisville Medical News*. In future the *News* will be conducted by Dr. R O. Cowling It is one among the ablest weekly medical publications in the country. It is progressive, independent and alive to the best interests of the profession. We wish it all the success it so well merits.=Philadelphia has no less than three free dispensaries for the treatment of skin diseases, besides special departments for such cases in a few of the large hospitals.=Dr. S. Wier Mitchell, of Philadelphia, has recently made a donation of $1000 to be invested for the benefit of the library of the College of Physicians of Philadelphia. This library is said to contain over 20,000 volumes and the library of the Pennsylvania hospital about 13 000=There are 409 regular physicians in Chicago in affiliation with the Code of ethics of the American Medical Association=Prof Dumreicher, of the New Vienna Medical School, died December 21=During the past summer there were thirty eight American students at the University of Vienna=Dr John Buchanan, of bogus diploma notoriety, has been sentenced to ten months' imprisonment and fined $500=Henry C. Gubson, Esq, of Philadelphia, has made a donation of $50,000 to the incurable ward of the Hospital of the University of Pennsylvania.

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THOMAS A. ASHBY, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

LECTURES.

MEDICINAL ERUPTIONS.

(Continued from last number)

BY I. EDMONDSON ATKINSON, M D.

Clinical Professor of Dermatology, University of Maryland.

LECTURE 2—CONTINUED.

(A Course of Three Lectures Delivered During the Preliminary Term (September 27th, 28th and 29th, 1880), before the Medical Class of the University of Maryland.)

ARSENIC.

While there is copious evidence of the irritative action of arsenical preparations upon the skin of those persons exposed to their action, those who are engaged in the manufacture, either of arsenical compounds or of articles, in the preparation of which arsenic is employed, such as wall-papers, artificial flowers and the like; results of the purely local action of the drug there is very much less reason to attribute cutaneous eruptions to the influence of arsenical substances, internally administered. Indeed, it is evident, that such phenomena can be of but very unusual occurrence since arsenic is used very extensively in medical practice, and is even taken in comparatively large quantities by persons who for various reasons, real or imaginary, are accustomed to consider themselves benefitted by its use; while reports of eruptions due to the ingestion of arsenic, are certainly rare. Nevertheless, such eruptions do occasionally occur, and it becomes necessary for the medical man to make himself acquainted with them.

Devergie first described a peculiar brownish discoloration of the skin in persons who have taken arsenic for the treatment of scaly cutaneous affections, notably psoriasis. It is said to be a forerunner of recovery and at all events to occur during the decline of the original affection. Bazin has confirmed this observation of Devergie (*Maladies Cutanees Artificielles*, p. 195). Papules may become developed in these patches of arsenical discoloration, developing slowly and not attaining formidable dimensions.

An erythematous redness, accompanied by œdema may sometimes be observed on the hands and feet of persons who have been brought thoroughly under the influence of arsenic in small and repeated doses. Under these circumstances the palms and

soles will be reddened and swolen; rings upon the fingers will become uncomfortably tight and a burning and tingling sensation will be complained of, which in walking may become very uncomfortable. Upon withholding the arsenic, this symptom will subside. Erythema of a more general character has been reported, and urticaria has been attributed to the internal administration of this drug (*British Medical Journal*, March 11, 1876, *Imbert Goubeyre, Etc*).

Mr. Jonathan Hutchinson reported in the *Medical Times* and *Gazette* (Vol. 2, 1868, p. 722), eight cases in which herpes zoster appeared while arsenic was being administered; and in the same journal (Vol. 1, 1869. p. 407), six more cases are recorded by the same writer, occurring under similar circumstances. Mr. Hutchinson believed these eruptions to be due to the arsenic ingested, although he admits that the evidence cannot be considered conclusive. He has compared the number of cases of this kind with the number of cases of zoster occurring in patients under treatment for various skin affections, but not taking arsenic, as far as he was able, and found the former disproportionately more numerous. Herpes zoster has also been reported by other writers, as occurring during or just subsequent to the administration of arsenic (Duffin, *Lancet*, Vol. 2, 1879, p. 508. Duckworth et al). Hutchinson has also reported two cases of herpes, one of the prepuce, the other of the lip, arising under similar conditions. In spite, however, of these observations, it is by no means certain that herpes zoster is ever a result of the ingestion of arsenic, nor has recent experience confirmed these reports, as would certainly have been the case were it true that so peculiar an affection could be evoked in such a manner. It is not a little suggestive, however, that Bazin had previously recorded a case of pustular and ulcerative eruption following the ingestion of arsenic and limited to the right hypochondriac and iliac regions, and upper portion of the thigh.

Petechial, papular, vesicular and pustular eruptions ulcerations, erysipelas and gangrene have been attributed to the ingestion of these preparations (Imbert Gourbeyre, Moniteur des Hopitaux, No 153, 1857, et al). All of these eruptions, however, must be exceedingly rare; but it is important that one should be prepared to encounter them, and not commit the error of persisting in the use of the drug in the hope of dissipating symtoms, of which it, in truth, is the cause.

MERCURY.

The internal administration of mercury may rarely induce cutaneous manifestations. General erythema has been known to be occasioned by the ingestion of calomel (Englemann, *Ber. Kun. Wochenschr.*, No. 43, 1879), and urticaria of mercurial origin has been noted An eruption indistinguishable from simple vesicular eczema may follow the internal use of mercury and may run through the various phases of a simple eczema. It is accompanied by slight itching and burning and will subside without delay upon withdrawing the exciting cause. In more severe cases, the symptoms may be those of an intense eczema rubrum, giving rise to violent irritation, to free discharge and to abundant scabbing. Where from idiosyncrasy or injudicious administration, symptoms of mercurialization are induced, the cutaneous eruption may afford but one link in a chain of pathological processes that may imperil life or at least inaugurate protracted ill health.

SODA SALICYLATE.

Since the almost specific influence that salicylic acid and soda salicylate exert over the course of acute rheumatism has been recognized cutaneous eruptions have been observed as untoward results of their action. Given in doses of four grams (℥i) every hour the soda salicylate produced in a

patient of Heinlein (*Ærtz. Intelligenz Blat.*, April 9, 1878. *Amer. Journ. Med. Sci.*, July, 1878, p 260), intense cutaneous tingling and itching, and a diffused erythema of various portions of the body, with some œdema of the eyelids, upper lip and legs, and fever. The same patient developed at a subsequent period, within a half-hour after injesting four grams (℥i) of the salicylate, marked urticaria, which moderated in two or three hours, and was gone by the next day. Dr. Wheeler has seen an eruption of vesicles and pustules upon both extremities, shortly after a dose of the salicylate was administered (*Bos. Med. and Surg. Jour.*, July, 1878).

COPAIBA.

Passing now to the consideration of eruptions—due to medicines of vegetable origin, I desire to speak first of those following the ingestion of copaiba and several volatile oils and oleo resins Most prominent among these is cubebs, owing its potency to an oleo-resin, and oil of turpentine. The cutaneous symptoms following the ingestion of the two latter have not been well defined, but those following the use of copaiba may be taken as the type of these rashes, which indeed are not of frequent occurrence.

Sometimes when large doses of copaiba have been administered, symptoms of gastro-intestinal disturbance appear, with vomiting, purging, etc. These are followed by symptoms of renal irritation, strangury and, sometimes, even suppression of urine, When, however, the cutaneous system betrays evidence of the undesirable action of the drug, the size of the dose does not seem to be an important influence.

The eruption appearing under these circumstances is usually erythematous. It may occur within a day or two after the first administration of the copaiba, and observes the following course. Beginning with itching, commonly of moderate severity, and for the most part without febrile movement, little red, bright red spots make their appearance affecting preferably the wrists and ankles, the elbows and knees. These spots are of irregular size, and may become confluent, extending over large areas, sometimes the whole surface. The itching is apt to soon become more intense

Rarely the eruption may be papular, more like erythema papulatum; or it may even present the wheal-like arrangement of urticaria. This condition is most often seen after the eruption has been out for some time. The plaques are more or less elevated and sharply circumscribed, but preserve a uniform redness, not showing the whitened centers of the ordinary urticarial eruptions, Associated with these, considerable œdema is sometimes observed such as one sees in urticaria or poison ivy eruptions.

In may happen that the hyperæmia may not be limited to intra-vascular engorgement, but that the blood bursts through the walls of the vessels and forms areas of ecchymosis, of purpuric discoloration, such as you are familiar with in erythema nodosum. Mauriac describes a peculiar case of this nature from the combined use of copaiba and cubebs (*Annales de Dermatologie*, 2nd, Series, Vol. 1, p. 510), where after the eruption had lasted several days, the spots upon the extremities, especially the forearms and wrists displayed centers of ecchymotic redness, surrounded by pale red circles, which in their turn were inclosed in other circles of dark red, each patch measuring from two to three centimeters in diameter. They presented some elevation of the skin. To these were added, upon the lower extremities multitudes of pin-head sized petechiæ. The same author makes the very pertinent suggestion that the gastro-intestinal disturbances sometimes observed after using these remedies are in reality due to eruptions upon the mucous

membrane similar to those upon the integument.

As stated, these eruptions may be accompanied by more or less itching but almost never by fever. They persist for from two to eight days and gradually subside with slight desquamation, the regions first affected, being the last to regain a healthy condition. Diday has asserted that the continued administration of copaiba does not tend to prolong the eruption, but that this will gradually subside under an acquired toleration. This is not at all certain. Let it be understood, however, that the individual patches do not persist throughout the entire course of the affection, which is kept up by the evolution of new lesions, while the older ones subside.

While the characters of these eruptions may be briefly described, it is sometimes difficult to distinguish them from other affections—By the erythematous and erythemato-papular rashes, measles and scarlatina may be closely simulated, now one, now the other type of eruption predominating. Flushing of the face and conjunctival hyperæmia sometimes heighten the resemblance to measles; but the absence of fever will generally permit an easy distinction. Where fever is present much care must be exercised, as the eruption may then well be mistaken for both these affections and even small-pox, when showing a decided disposition towards papulation. The eruption of German measles or Rötheln may resemble that under discussion, and error is all the more possible here as the fever is apt to subside upon the appearance of the eruption of Rötheln. The erythematous syphilodern is also much like copaiba erythema and it will at first, often be difficult to distinguish between the two. The more chronic course, the entire absence of itching, will usually betray the syphilitic eruption. Judd has described a copaiba eruption resembling the bites of insects. Finally, other medicinal eruptions may sometimes only be distinguished from these by a knowledge of their causes and history.

These eruptions just described, seem, however, not to be the only ones resulting from this class of remedies. Hardy has described a punphigoid eruption of acute character, where upon a copaiba erythema resulting from a two weeks course of moderate doses of the drug, bullae became developed, followed by abundant secretion and desquamation of six weeks duration (*Gaz. des Hopitaux*, No. 37, 1869). Rayer reported a case from cubebs, analogous to vesicular eczema. This, however, has not been observed by others.

The late Tilbury Fox observed a very extensive eruption of purpura urticans in a patient who had been directed to inhale the vapor of four grams of Friar's balsam (tinct. Benzoin compound), two or three times daily, (*Lancet*, 2, 1874, p. 195). The eruption was very confluent upon the trunk, becoming more discrete and urticana like upon the extremities.

What predisposing influences are brought to bear in the production of these eruptions, it is impossible to say. We are again driven to lay the blame upon idiosyncrasy. No special well defined influence is recognizable. It seems pretty certain that the same individual is not always subjected to an eruption when ingesting these remedies. We are unable to decide whether these results are the effects of reflex irritation from the gastro-intestinal tract or of the presence of the drugs in the cutaneous capillaries themselves. The latter theory finds most favor, especially in view of the fact that a strong odor of copaiba is often exhaled from the skin, where persons are taking this substance. It is not impossible, nay, it is probable, that the gastro-intestinal, the renal and the cutaneous disorders are all due to a similar irritative influence from the drug within the circulation and that reflex action from simple gastro-

intestinal irritation has no part in the process.

However alarming the eruption may appear there can be no reason to fear serious results. The patient at most will be subjected to some annoyance from the disfigurement of the eruption and the unpleasant subjective sensations. Apprehensions of an impending attack of one of the eruptive fevers, once dismissed, the gravity of the case is gone. Treatment is hardly necessary Suspend the administration of the offending remedy and the eruption will fade in ten days at most, usually sooner, during which time some mildly anti pruritic lotion will be all that is necessary. The long duration of the case of copaiba pemphigus, reported by Hardy, is altogether exceptional, as is the case itself. The essential point is a proper recognition of the nature of the complaint. This done and the cause removed the restoration to a healthy condition of skin will not be delayed.

BELLADONNA.

Among the poisonous effects of belladonna, and of its alkaloid, atropia is always enumerated a red efflorescence upon the skin. This rash or erythema is, indeed, pretty generally observed in belladonna poisoning, but may be encountered as well in patients under the influence of the drug only to a very moderate degree. It is not improbable that the rash is one of the physiological effects of the ingestion of belladonna, being present to a greater or less degree, in nearly all persons who remain for any length of time under its influence. In a few persons only, there seems to be a hyper-sensitiveness to its action, and in such the cutaneous manifestations are called forth by even the smallest dose. The asserted, but probably not well founded claims of belladonna as a prophylaxis of scarlet fever have given unusual advantages for the observation of this rash, and among those who advocate its use for this purpose are some who declare that its great virtues are only displayed when the characteristic rash has been worked.

The eruption may begin a few hours after the administration of the dose and is first seen upon the face, neck, breast and shoulders, but may extend over the whole surface. In most cases it invades the parts first mentioned alone and appears as uniform diffused redness. It has occasionally been observed, however, of a bright red punctate character, and is then not to be distinguished from a scarlatinous eruption. The rash is accompanied by no subjective symptoms, not even itching and fades a few hours after the dose has been given, or may continue for days, so long indeed as the ingestion of belladonna is continued. After its subsidence there follows no desquamation.

This eruption is often associated with faucial dryness and hyperæmia, and this combination often affords difficulty in diagnosticating between true scarlatinal and belladonna rashes, which difficulty is very much intensified by the aforementioned custom of using belladonna in households where scarlatina prevails Under such circumstances the diagnosis would be impossible, could we not recognize other effects of the drug, such as mydriasis, etc.; the absence of fever and the speedy disappearance of the rash upon abandoning the belladonna should likewise turn our attention in the true direction.

There can be no question of gastric irritation in the etiology of this rash, nor of an irritating action of belladonna or of atropia in their excretion, for it is probable that they pass off by the kidneys, and that the skin takes no part in getting rid of them. The symptoms are probably the direct result of the special action of the drug upon the nervous system. Belladonna and atropia have the quality of notably diminishing glandular secretions, especially those of the mouth, throat and of the skin, undoubtedly through

the nervous system, and the eruption may be put down with tolerable certainty, as originating in modified nerve function.

Symptoms similar to those of belladonna erythema have likewise been observed to follow the administration of stramonium, hyoscyamus and others of the same class of remedies. Prof Hyde of Chicago (*Med. Record*, 1878, Vol, 13 p. 364), has reported a very interesting case of vesicular eruption, the result of the ingestion of cannabis indica. This eruption was generally diffused over the surface of the body, including the palms and soles and consisted of strictly disseminated vesicles. It followed shortly after taking six centigrams of the extract of cannabis indica.

[*To be Continued.*]

ORIGINAL PAPERS.

CURRENT THEORIES AND PROFESSIONAL CRITICISMS, WITH IMPORTANT CASES, &c.

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The word theory, we observe is properly defined as *an organic development of the understanding of the relations between the parts, of any existing systematic whole.* It is also defined as a doctrine or scheme of things which terminates in speculation—*without* a view to practice. From a professional standpoint, the truth and force of the former definition cannot be overestimated, nor the inutility of the latter over deprecated. The value of an important theory, we believe, depends chiefly upon its practical utility or the assistance it furnishes in elucidating the philosophy of nature, and in adapting valuable means to their appropriate ends. Professionally and practically short of this, the vague speculation predominates; the theory is impracticable and impedes, instead of advancing scientific research.

It is only a proper and thorough understanding of the true relation between the parts of a system, whether astronomical, physiological or pathological, that gives energy to research, and places its results in the line of scientific consideration; otherwise, progress is erratic all generalizations and conclusions chaotic. The predominence of "thorough understanding over vague speculation" decides or determines the existence of a science—as science is expressed as a comprehensive knowledge of *truths and facts.*

Were promiscuous speculation, although offered by faithful laborers, accepted by the medical profession as *facts* for either didactic instruction or rules of practice, this most dignified and indispensable science would rapidly degenerate into a merely convenient and, indeed, unreliable art. The science of medicine we must regard as one thing; *the art*, distinctly another; though mutually inter-dependent, their position and ultimate object must not be confounded, one is the substructure, the other, the super-structure and the reliability and credit of the latter is immeasurably governed by the perfection of the former. With imperfect laws we cannot expect logical results, either civilly or professionally, either in the intellectual status of the practitioner or his success in the treatment of disease. Admitting then the scientific position of the medical profession, if we estimate the importance of continuing and preserving the same, can we be, nay, *are we*, too discrimitive in the adoption of "*theories*," that enthusiasm frequently hurls before us?

The theories of the profession form the fountain head of the science—useless each without the other At this golden age of human intelligence, and professional progress, reliability can-

not be over-estimated; meteoric flights of superficial minds must not blind nor inundations of false logic be allowed to overwhelm us; we must strike at the golden vein of true medical knowledge, and once surely acquired—adhere to it. Although today this science is supposed to have advanced to its pinnacle of true greatness, may it not be at the same time at the pinnacle of its danger? Rivalry in advancement and in experiment has become so hotly contested, zealots for fame and prominence so numerous that almost every generalization is heralded and applauded as *a fact* with undue criticism and insufficient ventilation. From different motives, we find medical journals teeming with "theories" — pathological and therapeutical, and but few ever followed by the keen eye of the critic or the pen of the true metaphysician; let professional criticism waver and pari passu will glimmer, the beacon lights of medical progress.

In recommending more thorough professional criticism, I would not be understood as in any manner discouraging those at the van in advancing this noble army of workers; on the contrary, investigation and experiment *must be encouraged*; it is for them to unearth the crude nuggets of medical lore, and the duty of the trained and experienced metaphysical sage to refine and divest their results of necessary and concomitant imperfections. Through this process and this alone, we can arrive at reliable conclusions, and worthy *theories*, such as merit confidence and practice, such as will redound to the individual credit of the physician and perpetuate the honor of the medical profession

Since the days of Aristotle, scientific men have hypothesized, they have patiently collaborated ideas and formulated the same into theories and laws, some of which are now recognized and honored, others after years of confidence have vanished into obscurity. This is noted in the medical department of science no less prominently than in other closely related fields; as a result the doors to the citidels of philosophy are continually on the swing.

As far back as history can inform us, we find the diseases and ills of the human body attracted attention, the minds of men were employed in discovering causes and appropriate remedies for the same; this noble work must continue as long as it is man's greatest pleasure to live and enjoy the bounties of life. In the infancy of invention, progress was slow and concurrent theories necessarily crude, but now, with art and invention at its acme are we keeping equal pace in our recorded proportion of cures? There is room for doubt upon this point, but why should such be the case? By sailing around Sylla have we too closely neared Carybalis?

The perpetuation of a pure physical condition must of necessity be of an imperfect nature until that physical condition is perfectly understood. With the announcement of the theory of the circulation can be legitimately chronicled the dawn of true medical knowledge and in a surgico-pathological view the same may be said of the present accepted theory of inflammation. So important do we regard this fundamental knowledge of the functions of the great circulatory organs that we can measurably believe darkness enshrouded the medical profession until the immortal Harvey lifted the veil.

Since this bright era, a galaxy of transcendent names have contributed to illumine the secret labarynths of nature; some as the star that sets will rise again, others as the falling star will be forever lost. Among those innumerable to whom the human race must be forever grateful, we are not far from right in personizing the celebrated Beaumont and the unfortunate St. Martin; for through the instrumentality of them have we arrived at an understanding of that great central

function underlieing our health (I may add wealth) and nutrition. Others have equally colabored, but none have selected subjects so near the type of a healthy human being and physiological man. That most of their results are founded on tried experiment we will not deny but that the fields of operation have been generally too foreign, too unnatural and too narrow, experience will ultimately convince us. That either the lower animals, the fashionable citizen or the hospital subject are fit subjects for physiological experiment will admit of doubt and a latitude of discussion. Were we prepared to state on authority that hereditary transmissions, hygienic and dietetic conditions of man or animals exerted no influence on their anatomical or physiological status or in no wise modified their functions, we could proceed with indiscriminate experiment and accept their results as consummate and indubitable. Happily, this is not the case, and at this critical stage of medical progress it behooves us pause and carefully discriminate, before entertaining any such a presumption. Otherwise we not only delude ourselves, but lead into uncertain labaryinths a ready and anxious professional mind. The direct and indirect dangers of this course are patent to all; misguided theory or experiment bears the same relation to true medical learning as does spiritualism to the old and true religion, it may be dazzling even to fascination to plastic minds, but is the fatal "jack othe-lantern," to a thorough scientific physician. That most of our physiological laws have been deduced from experiments on lower animals and human subjects from castles of indolence and the ranks of poverty and disease, must be admitted; to what extent these natural inheritances, the peculiar modes of life of the animal, the extravagancies and dissipation of the broken down hospital inmate, modify his functions, I will not undertake to expound, but from these and these alone, our experiments draw largely their credit, and from their crippled functions come the great laws, prone to be the controlling destinies of the human race.

As yet it seems that hasty steps have been taken and important observations overlooked in our enthusiasm to succeed. That a theory be perfectly tenable, primarily, it should be scientifically conducted and the subject should be in all respects a perfect physiological man. By "a priori" reasoning, no physiological theory *can be* reliable when otherwise arrived at; if the true initiative functional impetus or condition is not detected, investigated and clearly expounded our knowledge of the physiology of the particular part or organ is incorrect, consequently and unfortunately its pathology and accompanying therapeutics. But, that this true condition of man in health can be appreciated from man in disease is maintained by some, it may be, but at the sore expense, of life and is this noble science to be used to experiment on humanity or for the alleviation of disease? Reasoning "a posteriori" may explain it, but is this a consistent and logical approach? As truly so, as the tail wagging the dog, instead of the dog wagging the tail; to ascend the hill of science we should begin at the bottom not at the summit, just so in elucidating human nature, we should carefully proceed from cause to effect. No excuse can now be offered if the medical profession is misguided; invention has come kindly to our relief and opened wide a museum of genius comprising every invaluable instrument, scope and aye, we may say—new fangled appliance, to make fools out of men under pretext of science.

But the finished scientific instrument cannot of itself accomplish an end, it is a merely passive agent to be properly or improperly wielded by the educated or uneducated physician; but admitting its proper use in experimentation is the proper induction

always drawn? From many reasons it can be asserted—it is not; as long as our learned faculties refrain from establishing higher, general and classical acquirements as necessary to matriculate, just so long will the profession be encumbered by incapacitated men, vague, empty and impracticable theories; its reliability doubted and its high honor compromised. Just so long, will the empiric share the popular estimation of a physician and the physician himself be led to blush, at an utter failure of his own worshipped creeds. An application of our physiological and therapeutical laws and theories to *another race* around whom it is probable that the *most natural* influences exist, proves an evident short-coming somewhere—that the effect is oftener taken for the cause than the cause as underlying the effect. Still, there is a seeming acceptance of everything offered, until the sad experience of some fellow-creature proves the inefficacy.

Does there exist anywhere in our country's professional sphere a journal of true and impartial criticism, one devoted to correcting the views, ridiculing follies, scrutinizing and dissipating every iota of professional extravagance; we will gladly receive the desired information?

From whom, after all, must the necessary criticism emanate? Surely, not from the young men quietly struggling on to future notice. Can the student forget him whose imputed crime was "that of being a young man?" It is for him to occupy the spectator's gallery, there shun the thrusts at his gentler feelings till forgetfulness, bodily infirmity and inaptitude whiten his locks—then will his professional brethren and the wise world hear him; then too after "ten years" of struggling with diverting influences, little practice and less reading, he can be admitted to the deliberations of the Chirurgical Faculty, then when the expanding petals begin to fall, the bursting bud will be fostered. Let professional criticism come from where it may, it will not be amiss and will surely be gratefully received. From the learned sage it is naturally expected and from him may it abundantly flow? The *theories*, speculations and hypotheses that fill medical journals should be carefully received, lest anxious readers assimilate rules of practice detrimental to themselves, prejudicial to their progress and pernicious to the lives of confiding patients. The profession needs to-day to raise its standard to the vantage-ground of honor, above just reproach, less boast of heraldry and popop of display in wielding the chilling steel, but more metaphysicians to assure us that our foundation is *firm*.

What the "British bards and Scotch reviewers" achieved for the literature of England, is needed for the medical literature of this country; the world *must* then place a higher estimate upon the profession, and the physician be inspired with confidence in his own practical resources.

Eliminate the old, accept the new, has been the watchword of advancement for the present century, nor could a better lesson be properly and carefully inculcated, but at the same time let us heed the adage.

> Be not the first by whom the new is tried,
> Nor yet the last to lay the old aside.

How humiliating, to a refined physician to find his eloquent and cherished therapeutical theories fail him at the bed-side when carefully and accurately tested, yet, where is the physician old or young who has not realised the same?

That the professional mind, as the pendulum improperly hung, has oscillated wide of its true position cannot be doubted and its return to a trustworthy equilibrium will be gladly watched. The cause of such an unwarrantable flight is patent, and under similar circumstances must always be expected in any science or department—lay aside the pruning-hook and the choice fruits of your

vineyard will be soon choked out and replaced by denser foliage and entrancing shades. During the present shadowy days of professional exactness, *theories* have sprung up as adventitious buds frequently serving more to confuse and darken our understandings, than to enlighten and encourage.

Since the days of Harvey and Fabricius, doubt after doubt respecting our physiological accuracy has fled as clouds before the brilliant suns of summer, and at the present day all are treated as consummate conclusions. At the above remote period, however, the announcement of the proper theory of the circulation was not accepted until years of discussion and dissention passed; men clung closely to their fostered beliefs admitting a probable exception to an "established rule," but in the inevitable march of mind this great and golden exception absorbed the rule. In the advancement of knowledge the same must continue at the present time and theories replaced by exceptions that are numerous and overwhelming. Investigations, extended into another race the American Indians, will reveal exceptions to physiological and therapeutical laws, as forcible and quite as numerous as the laws themselves. As subjects for experiment and logical deduction, none can be fitter; we find a people matured from the unadulterated resources of nature, inspired by the free air of Heaven, uncontaminated by the extravagancies and debaucheries accompanying "civilized life;" of course we allude to them in their primitive and natural condition, not as found frequently now—nearly scavengers in the midst of plenty. A practical study of the social life of this people when unacquainted with the immorality of the invading race would, when weighed in comparison, reveal to us astonishing results; we might falter to decide where really true civilization is exemplified.

In an article in the June number of this JOURNAL for 1880, entitled "Peculiarities of American Indians from a Physiological and Pathological Standpoint," I referred briefly to many hygienic and dietetic conditions in direct contrast with the theories of our authors, upon which a nation of human, reasoning beings, exist and flourish. I alluded also to many points in therapeutics—some corroborating and some slightly contradicting our most approved courses of study. That the whole field has been encompassed, I do not pretend, but will venture there still exist unopened mines of interest for those well situated and prepared to explore.

The fine forms, the long life, the native intelligence and acute judgment, the purity of mind and tranquility of temper, the tenacity of memory, the permanency of teeth and hair, the absence of mental, nervous and reproductive disorders, the comparative freedom from zymotic diseases, the quick response to proper medical treatment and rapid convalescence are surely not dead characters to the studious and impartial mind, but enjoin upon us—to search beneath the surface-ebullition and popular narrowness of the profession to-day for reliable examples of physiological man.

In the beginning of the present century there existed animated discussions concerning the proper explanation of the periodical monthly flow in woman as dependent or not upon another act or function, the ripening of the ova. In 1821, Dr. Power and the celebrated Negrier proved independently by exhaustive research that that most important function menstruation, was the mere *expression* of another obscure and causative condition. That *correct* and faithful experiment scientifically pursued, eventuates in contradictory results, we will not explain otherwise than by the essence of this article, but again we observe investigations into this condition terminated in *two* valuable *theories*, each

abounding in ample proofs and supported by ardent followers. In support of the *theory* of Power are no less scholars than Bischoff, Gendrin and Raciborski; as leaders of the nonconformists or those regarding the functions distinct are Kesteven, Kundrat and Engleman. To settle so important a question or establish a theory so vital to the perfection of physiological knowledge, natural adherence to original and fostered inductions must be avoided and a comparison of carefully compiled and studied cases assumed as a criticism.

That most women menstruate and ovulate co-incidentally is a fact, but that this co-incidence establishes a *law* or *theory* is open to much doubt. If this were the case, what process of reasoning would account for the many exceptions reported, and well authenticated; we must admit that *human nature* throughout is the same, and governed by the same laws. That exceptions exist to all laws is a trite and time-honored observation, but in application to medical science cannot be too cautiously accepted; why a scientific theory will apply to one individual and not to another, we do not understand.

If contradictury cases are haughtily regarded as peculiar exceptions a barrier is placed to intelligent advancement, and investigation is useless. But this danger does not seriously threaten the profession, as we note, in its progress where "exceptions" have ultimately become the rule. The observation of Kesteven that ovulation and menstruation being often concurrent are each the result of attainment of a certain point of developement in the female system, that menstruation is the periodical function of the uterus, and ovulation the constant function of the ovaries, we predict will sooner or later be the recognized truths in this unsettled theme.

That certain women have menstruated after *extirpation* of *both ovaries;* that in all viviparous animals ovulation *proceeds independently* and in *the absence of menstruation;* that many women have *become pregnant* and borne healthy children *after the menopause;* that to-day women *are bearing* children where there is not *even an appearance of menstruation*, vicarious or natural, nor *any disturbance* of the system *that might* account for the change —seems to be evidence too forcible to be disregarded. The eyes of impartial truth seekers must soon be cleared of selfish prejudice and the medical mind turned to regard these functions as distinct in themselves and their concurrence a coincidence instead of a law. In the two latter clauses of the above recital, I need only quote from personal experience in practice. The several cases occurring to me among this people bear pointedly upon Kesteven's ovulo-menstrual theory and it is most probable, could scrupulous investigation be pursued among a greater number of Indians, examples of a similar nature would be found more numerous.

Soon after my arrival at this Agency in 1879, an aged chief appeared at my office with his wife and infant boy to extend his accustomed friendly greeting. Observing the advanced years of the pair and the tender age of the child, I carefully enquired by an interpreter if the child was their own or of adoption. I further ascertained the age of the father to be between seventy-five and eighty, and the mother's, between sixty and seventy and that of the child (*of their own espousal*) but three and one-half years. Appreciating an inherent love of the remarkable, I awaited further experience with the family which verified this remarkable phenomenon; nor has it ever been my pleasure to know a child of sounder mind or body. Though but in comparative infancy, I have seldom entered their lodge but, the first to meet me with extended hand, was this interesting "anomaly of nature," born at least fifteen years after the climacteric.

If menstruation is but an expression of ovulation, what explanation can account for cases of this nature?

Again in August of 1880, I observed several cases of fatal marasmus among nursing infants of the Indians, and in each case the only traceable cause was co-existing pregnancy of the mother. In attendance upon a case of a similar nature, I inquired of the mother as to the return and regularity of her menstrual flow. I was answered in graceful and modest English, much to my surprise that she had ceased to discharge after the birth of her second child, since which time she had given birth to three healthy girls at intervals of eighteen months with no menstrual *feeling* or appearance. To further satisfy myself of the truth of above statement I had the woman interviewed quietly and inadvertently by several others and one, a lady of marked sagacity, all of whom returned the same statement and willingly verified it. In this case no modifying causes could be discovered, the woman is in every way an average of health, of fine physique and usual general activity and in each of her three last pregnancies — ovulation proceeded regularly, independently, and in the absence of menstruation. Doubtless, time and experience with this nation of people will unfold many similar examples not only physiologically, but pathologically and therapeutically; but enough has already been adduced from an application of the different parts of the science, to convince us of the present professional narrowness and superficial enthusiasm that under lies much of our ground-work. We can only invoke those laboring in the vast domain of professional progress, delve deeper, gather from the wider fields of nature your golden harvests and with an impartial mind and un blinded eye, present only uncompromising facts for the guidance and emulation of a confiding world and aspiring followers?

NEURALGIA.

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(*Read before the Medical and Surgical Society of Baltimore, Md.*)

In our present state of knowledge we are still obliged to consider neuralgia an independent disorder, although it must be assumed that neuralgic pain is merely a symptom of some irritation acting upon sensory nerves of whose nature and character in the greater number of instances, we are ignorant. On physiological grounds it may be asserted that the source of irritation is either located in the terminal nerve fibres that convey the morbid impression to the perceptive centres, and there developes the sensation of pain which is projected to the affected part; or that an intermediate conducting branch is primarily involved; or that the abnormal sensation is derived from some portion of the cerebro spinal axis, which is connected with that part of the body where the neuralgic pain is felt. This statement of Eulenberg in reference to the locality and direction of the irritation in neuralgia is no less of practical importance in regard to diagnosis as it is precise and accurate. But it affords us no insight into the pathological process that develops pain. The usual explanation of this morbid phenomenon rests upon the analogy that there is a disarrangement of the nervous molecules which aggravates common sensation. However hypothetical and speculative this explanation may be, it is the only one that readily suggests itself. Histological investigations have thus far thrown no light upon the anatomical changes peculiar to nerve tissue, which had been the seat of pain.

From a clinical point of view it is necessary to distinguish between neu-

ralgic pain, and pain of a different character. Most observers accept the definition of neuralgia as summarized by Dowse.

1. The pain is limited to a definite nerve-path, either trunk, branch or area of distribution, and is usually confined to one side

2. The pain is without any obvious reason, either intermitting or at least distinctly remitting in character.

3. The pain presents very peculiar characters and is extraordinarily acute.

4. There are certain spots in the course of the nerve, or in the area of its distribution, which are very sensitive to pressure (points doloureux).

5. The pain is associated with sensory-motor, and vaso motor and secretory disturbances.

6. The pain is unaccompanied by any inflammatory or local symptoms, or any general disturbance of health, at all corresponding with the amount of subjective disorder.

Patients suffering from neuralgia make use of various expressions in describing the quality of the pain. It may be lancinating, burning, piercing, darting, tearing gnawing, boring, crushing, etc., etc. That these differences in the character of neuralgic pain are based upon anatomical facts may be inferred from the subjective variability of the pain when different tissues are affected. Thus we know that the pain of pleuritis is of a piercing nature. The pain of angina pectoris is a combination of a darting and a constricting sensation. Nephritic colic is marked by a crushing pain.

The irradiation of neuralgic pain is a phenomenon that is difficult to understand. This must not be confounded with the wide distribution of the pain when a trunk or a large branch of a sensory nerve is affected, for in these cases the large area of pain corresponds to the extent of the nervous expansion. The difficulty of explanation refers to those instances of neuralgia where for example the pain starts from one of the branches of the trigeminus, and wanders to the brachial, or alternates with intercostal neuralgia. Visceral neuralgias are not unfrequently attended by sciatica. In cases of this kind it may be supposed that neighboring or distant sensory nuclei are implicated by reflex excitation.

Hyperæsthesia in the region affected by neuralgia is a common observation. Trousseau has also drawn attention to the occurrence of tenderness on pressure over the spinous processes of some of the vertebræ in many cases of neuralgia. Probably the same cause which induces the neuralgic pain is operative also in bringing on the increased sensitiveness of the affected parts. Hyperæsthesia, however, is not neuralgia, although they may often be mistaken for each other. The morbid exaltation of sensitiveness which is evoked by an insignificant irritation, such as is best exhibited in tetanus and spinal meningitis proceeds from an excited condition of the grey substance of the spinal cord, whilst in superficial neuralgias the source of irritation acts upon the peripheral expansion of sensory nerves.

But the most interesting symptom of neuralgia relates to the existence of the painful spots in the course of the affected nerve, which Valleix considers pathognomonic of the disorder. Though these points doloureux are sometimes absent in unmistakable cases of neuralgia, yet they are so frequently discovered that they acquire a diagnostic value. The fact that these painful spots are particularly apt to be found in places where nerves pass through foramina or penetrate the aponeuroses of superficial muscles has suggested the opinion that neuralgia may after all be a neuritis. Many objections may be raised against the correctness of this supposed pathogenesis of the painful spots, but on the other hand the current belief that these limited points of subcutaneous sensitiveness result from irradiation, or are

an excentric manifestation rests upon an hypothesis which is difficult to conceive.

The reason of the paroxysmal character or periodicity of the neuralgic attacks has not yet been forthcoming.

Certain abnormal sensations frequently precede the development of neuralgic affections which require a brief notice. These consist of a feeling of numbness, formication, or a sense of coldness in the parts. A very interesting feature of neuralgia is the occurrence of cutaneous anæsthesia in the region which was the seat of neuralgia. This symptom is usually unnoticed by the patient, but may be often detected by the proper tests.

Trophic and secretory disturbances which are quite common in some of the varieties of neuralgia are of great diagnostic importance as showing the implication of the vaso-motor nerves in neuralgic affections of mixed nerves.

The increased lachrymation and suffusion of the eye in neuralgia of the fifth pair, and the association of herpes zoster with dorso-intercostal neuralgia are well known clinical facts.

All observers are agreed, that among the general causes of neuralgia none is so potent and frequent as nervous debility whether congenital or acquired. Heredity in the sense that a peculiar constitutional condition which favors the development of the various neuroses is undoubtedly an important etiological factor of neuralgia. Experience ascribes a similar influence to malnutrition, such as anæmia and chlorosis. The hysterical diathesis is known to be a fruitful source of neuralgic affections, and the same must be said of that period of life, in which the nutrition of the system is diverted to the evolution of the generative organs. The most terrible and intractible forms of neuralgia are observed during the period of declining bodily vigor, being probably the effects of senile decay that leads to an atheromatous condition of the arteries.

It is not easy to understand why these general morbid influences should in a direct manner develop neuralgia, but it may be fairly assumed that they constitute the conditions which offer the least resistance to the exciting causes of nervous disorders.

Among the miasmatic and toxic agencies in the production of neuralgia that of malaria and of lead poisoning deserve particular mention.

The prevalence of the various forms of neuralgia in the latitude of Baltimore seems to be especially due to rheumatic, or rather atmospheric influences. I have notes of cases which occurred during the last week of May of this year and singularly, the patients were all of the female sex, though it is generally conceded that more females suffer from this malady than males. These neuralgias were distributed as follows:

Occipital 1, occipito-cervical and brachial, on the right side 1, dorso-abdominal, left side 1, lumbo-sacral radiating to left leg 1, Sciatica, left side 2, Sciatic, right side 1.

The duration of these cases varied from three days to two weeks. It is remarkable that the trigeminus was not affected in any of the cases that came under my observation at that time. The question is still an open one, whether these cases presenting in many particulars the true clinical features of neuralgia were not in reality, instances of muscular rheumatism. At any rate the differential diagnosis between these allied affections rests upon very uncertain grounds. A so-called pleurodynia or a lumbago is undoubtedly a nerve pain, and how shall we discriminate between the diffuse pain of muscular rheumatism, which is aggravated by movement, and a neuralgia of the same parts which is surrounded by a hyperæsthetic zone?

As a general rule it is not difficult to recognize neuralgias of cerebral or spinal origin. In a neuralgia depending upon a cerebral lesion, it is usually the trifacial that is affected.

Instances of this kind are frequently associated with evident symptoms of brain tumor. In hospital practice it is not rare to meet with cases of alleged rheumatism of the lower extremities or sciatica which on closer examination reveal the signs of progressive locomotor ataxy. The same circumspection will not fail to detect in other instances the source of the neuralgic pain, which may be due to mechanical and other local disturbances. I would especially allude to the effects of impacted feces, to a retained calculus in the kidney or ureter, and to uterine displacements.

In looking for a treatment of neuralgia, I confess that I entertain the greatest respect for personal experience. The most diversified and even opposite modes of treatment frequently give good results. It is of course of paramount importance to search for the cause of the neuralgia, but unfortunately the most pains taking inquiry is often unsatisfactory, and then our only resort is to attend to the symptomatic pain. This justifies a successive trial of reputed remedies, which include a large number of empirical ones. Nevertheless, it may be truly said of neuralgia, that of all the disorders of the nerves system, its prognosis is the most hopeful. If we are not uncommonly baffled to effect a permanent cure, we can at least alleviate the suffering of the patient at all times, and this may be speedily accomplished by the judicious hypodermic administration of morphia. I am convinced that even a perfect recovery from neuralgia not seldom follows the adoption of this therapeutic measure. A wide field for the application of our remedial resources is offered by the indications of treatment which the general condition of the patients suggest. Those who have observed the disappearance of even inveterate neuralgic disorders under the influence of a tonic, supporting and recuperative treatment cannot doubt the efficacy of such a rational procedure. I forego the enumeration of the host of remedies which are considered anti-neuralgic. The physician who is not wedded to a restricted method of managing a disorder of such great variability of etiological factors and concomitant symptoms as neuralgia, will surely find his way to a plan of treatment that promises success.

SOCIETY REPORTS.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

377TH REGULAR MEETING, DEC. 8, 1880.

(*Reported for Maryland Medical Journal*).

RHEUMATIC MENINGITIS.

Dr. Brinton.—About three weeks ago I was called to see a lady whom I had attended in confinement ten weeks before. I found her suffering with rheumatism in wrist, knee and ankle. Sodium salicylate gr. xx, every two hours was ordered and continued for several days, after which potass. iod. was used. This treatment was continued for two weeks, and she improved. The pulse and temperature during this period ranged, the former from 83 to 95, the latter from 100.5° to 101.5°. On the fifteenth day I found her with a temperature of 103°; there was rolling of the head and paralysis of the lower extremities. On the sixteenth day there was coma, and a temperature of 106°. The coma lasted three days, the temperature ran up to 106.5°. She died on the nineteenth day. The rheumatism was caused by taking cold at the funeral of a friend. The diagnosis was rheumatic meningitis.

APOPLEXY.

I was also called hurriedly to see a woman, 30 years old, who had fallen down, and was partially insensible. There was not complete insensibility, pulse 72, good pupils contracted. On questioning her I found that there was partial aphasia. The history of the case was, seven miscarriages, rheumatism, alopecia, and a syphilitic eruption on the

skin. To-night I think she is dying. The diagnosis is syphilitic apoplexy The point of interest is the occurrence of apoplexy in a person only thirty years old

Dr. Liebman.— The doctor seems surprised that an individual only thirty years old could have apoplexy. I am treating a man 25 years old, who has had syphilitic hemiplegia, and from his symptoms I have made a diagnosis of softening of the brain. Cerebral syphilis occurs in the young, not in the old

Dr. Brinton —I have had lately two cases of syphilitic hemiplegia which promptly recovered under anti-syphilitic treatment. As I was called in from the street to see this case, I was puzzled to make a diagnosis until after I had the history.

Dr. Arnold.—Hemiplegia in the young is usually the result of embolism The diagnosis between embolism and thrombosis is difficult. In the old there is more apt to be atheromatous condition of the arteries and these particles may be detached and cause brain trouble. Young persons may have rheumatism, followed by endo-cardial inflammation and vegetations on the valves, which on becoming detached and carried into the circulation give the same clinical history as most of clot. Althaus publishes a number of cases; all were young persons some not over ten years of age.

Dr. Coskery.—I suggest that the first case related by Dr. Brinton might have been one of embolism. This seems to be more clear than rheumatic meningitis.

Dr. Chambers.—If there had been a syphilitic tumor, the coma would not have come on so suddenly—there would have been other symptoms, Arterial degeneration is common in syphilis and most likely there was hemorrhage into the brain from rupture of an artery.

Dr. Brinton.—In reply to Dr. Coskery, there was paraplegia, incontinence of urine, pain in the back, and a temperature of 103° before the brain became affected. The heart was examined and found clear.

Dr. Erich.—Hemiplegia being under discussion, I remember two cases who came under my care within two months of each other. Both followed parturition, One occurred in the second week after delivery; Dr. Arnold saw the case in consultation. If there is any reason why these cases should follow parturition, or any connection between the two conditions, I would like to know it.

Dr. Saltzer.—Dr. Coskery considers the first case one of embolism. If so, how explain the coma of three days duration; the patient should have died before that.

Dr. Coskery.—I remember of cases on this point. A man fell down stairs, was comatose for one week, had stertor, recovered. A woman fell down; was comatose for nearly a week, recovered. A man jumped from third story window; was comatose for five days. I do not explain, I only mention the facts. In cerebral trouble we sometimes have paraplegia, at others hemiplegia.

Dr. Arnold.—Embolism is as likely to produce coma as clot. If there be embolism of the middle cerebral artery, a large area of the brain may be interfered with, far more than is usually the case in clot. In our ordinary cases of apoplexy, the clot may be small, and the patient revive in a few hours; whilst in embolism the coma may be profound. In paraplegia we usually suspect trouble in the cord but there may be emboli in both hemispheres, and then paraplegia would result. Great caution is necessary in examining cases. The cases are not rare in which there is complete paralysis in one extremity and incomplete in another, depending upon the greater or less area interfered with.

NEURALGIA.

Dr. Arnold opened the discussion by reading a paper. See page 420.

Dr. Coskery.—I am subject to neuralgia of the right ear. It only comes on when I run down in weight, although I may feel as well as usual. Usually lasts from a few hours to several days There never has been any discharge from the ear, nor symptoms of internal otitis. The intense pain comes on suddenly; can relieve it by going to bed and to sleep.

Dr. Chambers.—It is remarkable that two out of three cases of sciatica mentioned by Dr. Arnold were in the left leg. I cannot tell the reason the left leg in women, and the right leg in men are the ones usually affected.

Dr. Arnold —It is not so curious, and is mentioned by all authors. Men use

the right leg in preference to the left, and it is therefore more exposed, and may receive many slight injuries which are unnoticed; but as soon as the individual becomes debilitated, the neuralgia attacks the injured limb.

Dr. Lynch.—It occurs more frequently in the left leg in women, because they suffer more from constipation than men, and the impacted colon acts as an irritant.

Dr. Hamill.—I know a lady who suffers from facial neuralgia after each confinement. It generally appears the day after delivery, and lasts for months. She has been suffering from her present attack about six months. During pregnancy she is entirely free.

Dr. Arnold.—I remember a brilliant cure made by Dr. Chambers while he had charge of the City Hospital. A man had suffered for two and a half years from intense sciatica. All kinds of treatment had been tried without giving him any permanent relief. Dr. Chambers gave him ℥ ss turpentine at one dose, and the man has had no attack since. I can give no reason why it should cure, but it did.

Dr. Lynch.—Are you not aware that Chambers of London says, it is almost a specific in sciatica.

Dr. Arnold.—Yes, and it was also mentioned years ago in Paris's Pharmacologia, but still I cannot tell why it cured. Three cases of neuralgia which I had in May, I used Anstie's treatment, (potass. iod. grs. v, ammon. murias. gr. x, four times a day), and they did well. Thought that those cases had a rheumatic basis.

Dr. Liebman.—Dr. Arnold need not be particular about making the diagnosis between neuralgia and rheumatism as neuralgic rheumatism is recognized by authors. Cases of neuralgia of central origin, or dependent upon periostitis are not very amenable to treatment; they can be relieved, but will soon return. I now use electricity, the interrupted current, and am fortunate enough to cure my cases without morphia. In intercostal neuralgia I apply the positive pole as near to the spine as possible, and the negative pole over the seat of pain. The results are good.

Dr. Cathell.—Dr. Liebman has mentioned a kind of neuralgia that is entitled to more attention than is usually given it, viz; intercostal neuralgia. Many young persons having chest pains imagine that they have lung trouble; about one young adult in every five thinks he has tuberculosis. By attention to the seat of pain and by finding tender points in the course of the nerves we can relieve much anxiety. Belladonna plaster seems to be almost a specific in these cases, and confirms the diagnosis. Iron, good food and improved hygienic conditions are not to be neglected. In sciatica I am very cautious in prognosis; I had one case which lasted 15 months. My experience confirms the belief that in men it is usually on the right side.

Dr. Brinton.—In lung trouble, patients very often have neuralgia over the sternum, scapulæ and side, and it frequently is the case that those pains are more severe on the healthy side.

PROCEEDINGS OF THE EIGHTH ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

(*Reported for the Maryland Medical Journal*)

BY GEORGE H. ROHÉ, M. D.

The eighth annual meeting of the above association was called to order by the president, Dr. J. S. Billings, Surgeon U S. A., in the city of New Orleans, December 7th, 1880. The association remained in session four days, during which time a large amount of valuable sanitary work was accomplished. Thirty-six papers were read on medical and sanitary matters, nearly all of which merit permanent preservation in the transactions of the association.

Lack of space prevents a reference to the greater number of the essays and discussions, but several of these are of such general interest as to make a full abstract necessary.

The most notable paper read on the first day was the *Report of the Committee on a Plan for the Prevention of the Spread of Venereal Diseases*, read by Dr. A. L. Gihon, Medical Director, United States Navy, Chairman of the Committee. The report was accompanied by tables giving the sickness-rate per thousand

from venereal diseases in the United States Army, Navy and Merchant Marine Services. From these tables it is seen that for the last five years the percentage of venereal diseases to all cases of sickness was 8.7 per cent. in the Navy; 6.8 per cent. in the Army, 22.5 per cent. in the Mercantile Marine. The proportion of syphilitics to other venereal diseases for the same period was 62.20 per cent. in the Navy; 50 per cent. in the Army, and 75.71 per cent. in the Merchant Service.

From statistics, as made up from civil hospital reports it is estimated that in large cities, New York and London for example, the proportion of individuals suffering from venereal disease is one to fifteen of the total population—about one in every two of these being syphilitic.

The measures recommended for the prevention of this alarming spread comprise the sanitary control of prostitutes by means of frequent periodical examinations, early and free treatment when infected, and police registration and supervision. As an evidence of the good effect of such supervision and control in limiting the amount of venereal disease, the report states upon the authority of the Surgeon-General of the United States Navy, that in ten years the amount of venereal disease on the Asiatic station has fallen from from 425.8 per thousand to 112.1 per thousand, a difference of 313.7 per thousand, due to the examination of prostitutes practiced at the naval stations in China and Japan, and the seclusion of infected women in lock hospitals. Fournier is quoted as stating that syphilis had been virtually stamped out in Paris, when the advent of the German army reintroduced it. During the late war between the States, a system of periodical examination of prostitutes was instituted in Nashville, Tennesee, by the federal army of occupation. The women were at first examined every two weeks, and subsequently every ten days. The results of the system are stated by Dr. Fletcher, of the United States Army, who was on duty at Nashville at that time to have been as follows :

"1. The amount of venereal disease was markedly lessened, so much so that its occurrence came to be looked upon (absurdly, of course) as an imputation on the care of the examining surgeon. I have more than once known a company officer complain that a man was off duty for disease caught of such a girl, at such a time, and demand that she be sent to the hospital.

"2. The women, who were at first rebellious, became quite reconciled to the system. I have known them come to the hospital voluntarily, desiring to be examined for suspected disease.

"3. It was self-supporting, the fees paying the expenses of the hospital"

The contrast between the conditions existing then and now, is thus graphically stated by the committee. The picture is descriptive of other cities and towns in this country.

"To-day the Nashville prostitute advertises herself in big gilt letters over her front door, before a blazing light, more conspicuously by far than were she enrolled in a police register, while purblind virtue and false morality stalk by and leave no other guarantee to society than the poor creature's own good sense that her house shall not become a focus of disease as disastrous as smallpox or diphtheria."

The recommendations and conclusions of the committee are formulated in the following resolution :

"*Resolved*, That the American Public Health Association earnestly recommends the Municipal and State Boards of Health to urge upon the legislative bodies of this country the enactment of a law constituting it a criminal offense to knowingly communicate, directly or indirectly, or to be instrumental in communicating a contagious disease, such as smallpox, scarlet fever or the venereal diseases, and giving to the said boards of health and to the state and municipal health officials under their control, the same power in the prevention, detection, suppression and gratuitous treatment of venereal affections, which they now possess in the cases of small-pox or other contagious disease."

Considerable discussion followed the reading of the report, and the conclusions of the committee excited no little opposition on the part of some members of the association. The report was, however, adopted without modification by a large majority, and the association now stands committed by the vote of more than three-fourths of the members pre-

sent to move onward in this great reform, beside which the problem of drainage and sewerage is mere bagatelle.

The address of the president, Dr. Billings, was delivered at the evening session of the first day. Dr. Billings gave a very lucid paraphrase of what is really comprised under the term "sanitary science," and urged the necessity of constant endeavor in order to attain at last to the desired end.

The following paragraph from the address reads very much as if Dr. Billings had the conditions existing in the Monumental city in mind, when he penned it:

"And we know enough already to be able to improve greatly the sanitary condition of many places, if we could only get this knowledge applied. The majority of our cities are blundering along in a purblind and perfunctory sort of way, doing much bad and wasteful work, spending large sums to bring water into each citizen's house, but making no provision to remove this same water after it has been made foul by use, thus compelling dangerous air and soil-pollution; building sewers on improper plans, and with no sufficient consideration as to the future extension of the city, after making them little more than long subterranean cess-pools, generating offensive and dangerous gases, and so locating their outlets as to contaminate the water supply of their neighbors They will spend millions on marble city halls and civic displays, and yet withhold the few thousands necessary to provide properly lighted and ventilated school-houses for their children."

Doubtless other cities will also see the "bearings of the observation."

On the second day, Dr. Billings, the Chairman of the Advisory Committee, read the report on *National Sanitary Legislation.*

The report gave an account of the proceedings taken by the Advisory Committee during the past year. The first portion treated of the sanitary bills before Congress, especially the bills relative to the international conference on quarantine, and the bill to increase the efficiency of the National Board of Health.

The National Board, the report said, had no desire for increase of power over quarantine, but were willing to await the result of the international conference. The board has now sufficient power if furnished with enough funds. The Advisory Committee are of the opinion that it is not desirable that the association should recommend any change in the existing legislation affecting the National Board of Health, but advise that Congress should be recommended to make suitable appropriations for the work of the National Board, and authorize the prompt publication of the reports.

The main features of the work of the National Board in the absence of epidemics are:

"1. The collection of statistical and other information relating to the public health, and the publication of this in its Bulletin.

"2. Investigations made by specially skilled chemists, enginers and physicians into the causes of disease.

"3. The maintenance of ship hospitals at Ship island and Sapelo sound. To these it desires to add at least one similar station on the Texas coast, and one near the mouth of Chesapeake bay.

"4. The maintenance of a system of steam and other boat inspections on the Mississippi river.

"5. Aid to certain cities to maintain their quarantine establishments."

The Sanitation of Memphis, was the title of a paper read by Dr. George B. Thornton of that city. The author of the paper referred to the unsanitary condition of Memphis during and after the epidemic of yellow fever in 1878. This is familiar to the readers of the MARYLAND MEDICAL JOURNAL, being fully elucidated in correspondence from that city during 1879. The leading features of the improvements aimed at and in great part accomplished with the co-operation of the National Board of Health, during last winter and spring were then stated in detail. The Waring system of sewerage was adopted, and since the beginning of the work in last January, twenty-six miles of sewers and thirty miles of subsoil drainage pipes have been completed, and are in successful operation. Seven miles of new stone pavement have been completed, and the rotten wooden pavement taken up and

thrown into the river. Bayou Gayoso has been improved and ceases to be the nuisance it formerly was.

An abstract of a very valuable paper on the *Hygiene of Emigrant Vessels*, by Dr. T. J. Turner, Surgeon United States Navy, was read by Dr. Gihon, in the absence of the author. It is shown in the paper that the only scientific sanitary method for gauging the passenger carrying capacity of a vessel is the cubic air space, and that upon chemical and physiological grounds 400 cubic feet is the minimum allowance, and that is to be associated with full and free ventilation.

Dryness of all parts of the vessel is insisted upon, and data are given exhibiting the fact that the deep has fewer perils than that of dampness of the ship. Absolute cleanliness of all parts of the vessel is also insisted upon.

The fallacy of counting two children, between one and eight years of age as one passenger, and not counting children under one year as passengers at all is made evident to any sanitarian. Cleanliness of the passengers, of their clothing, bedding, etc., the character and quantity of food furnished, arrangements for treating the sick, in short, everything relating to the health and comfort of the passengers and crew has been considered.

The arrogance, impudence and despotism of the master of the vessel, which have for centuries been accepted as the only law in force on blue water, come in for their proper share of condemnation. Dr. Turner believes that "the time has come when it is necessary to consider that the sum of all human knowledge does not reside in the head of the master of the vessel when 'off soundings.'"

Dr. Turner also protests emphatically against the nuisance of the daily deluge of the decks with water. "In that traditional peck of dirt said to be allotted to each individual, the writer desires for the emigrant, the sailor, and himself permission to take his share 'dry.'"

Dr. Henry B. Baker, Secretary of the State Board of Health of Michigan, read a paper on *The Relations of Schools to Diphtheria and Similar Diseases*, in which he claimed that diphtheria is not a filth-disease, properly speaking, but a contagious or infectious disease similar in its mode of propagation to smallpox, scarlet fever, measles and like acute infectious diseases. The evidence in favor of this view is as yet entirely clinical and statistical. Experimental evidence in favor of the filth origin of diphtheria, or otherwise, might still not be conclusive, but require to be supported by statistical evidence. In favor of the view that diphtheria is generally communicated by contact, and probably most often through the medium of schools, is the familiar fact that children are more susceptible to the disease than adults, and that it is likewise more fatal to them. The same statements are true of scarlet fever, measles, whooping cough and chicken-pox. Diphtheria, like other contagious diseases, is a cold-weather disease. Filth diseases, on the contrary (cholera, diarrhœa, typhoid fever), are more prevalent in the summer and autumn. The fact that the schools are closed during the warm months of the year may furnish an explanation of the diminished prevalence of the disease during those months. Dr. Baker gives the results of an investigation of the epidemic of diphtheria in Lynn, Massachusetts, in 1875, which give strong support to the views advanced by him. It appears from his investigation that "the spread of the disease began with the schools in December, 1875, slackened when the schools had a vacation in March, increased with the opening of schools in April, May, June and July; slackened when the schools had a vacation in July, August and September, increased with the opening of schools in September and October, and only slackened after the citizens had occasion to be generally alarmed, after the Board of Education had invoked the help of physicians to aid in enforcing an order to stop the spreading of the disease by the schools, and after a large proportion of the children had already had the disease."

Measures are suggested, by the observance of which, the schools can go on in their work, without spreading the disease. A sanitary inspector of schools is also considered necessary to secure the best results.

The paper is a model for similar investigations.

There is no space left to give the titles even of the remaining papers, most of which were of considerable value, but

contained little new or of general interest.

The officers of the association for the current year are:

President, Dr. C. B. White, of New Orleans; first Vice-President, Prof. R. C. Kedzie, of Lansing, Michigan; second Vice-President, Prof. Henry F. Campbell, of Augusta, Georgia; Secretary, Dr. Azel Ames, jr., of Wakefield, Massachusetts; Treasurer, Dr. J. Berrien Lindsley, of Nashville, Tennesee.

EXECUTIVE COMMITTEE,

Dr. D. C. Holliday, New Orleans, Louisiana; Dr. E. M. Hunt, Metuchen, New Jersey; Dr. Geo. M. Sternberg, U. S. Army; Dr. E. L. Griffin, Fon du Lac, Winconsin; Dr. J. G. Thomas, Savannah, Georgia; Dr. Thos. F. Wood, Wilmington, North Carolina.

The next meeting of the association will be held in Savannah, next November.

DIPHTHERIA FROM THE TRACHEOTOMY TUBE—DEATH.—Dr. Sanford B. Hunt, of Greenpoint, New York, recently lost his life from diphtheria, contracted from a child upon whom he had operated for tracheotomy. The tube used upon the patient became choked up, and to clear it the doctor placed his mouth to it. By this act he contracted diphtheria from which he died. This sad misfortune recalls a similar death, that of the late Prof. Charles Frick, of this city, who in his attempt to save the life of a patient upon whom he was operating for tracheotomy, contracted diphtheria, from which he died. Just such deaths as these are being too frequently recorded It is about time some other method of inflating the collapsed lungs of a diptheritic patient was employed. The courage and humanity of the surgeon is praiseworthy, but it is reckless and unjustifiable to expose human life to such jeopardy.

GASTROTOMY.—Dr. L. L. Staton, of Tarborough, N. C., reports a successful operation of gastrotomy, presenting some unusual and interesting features. The case was that of a colored boy 8 years of age, dying from hunger on account of a cicatrized stricture of the œsophagus, the result of drinking, by mistake, a large quantity of a solution of commercial concentrated lye. After exhausting all means at his command for dilating the stricture, Dr. Staton decided to perform gastrotomy. After having administered chloroform, the skin was divided for two and a half inches in a diagonal direction from right to left under the cartilaginous portion of the eighth left rib, and as near to the sternum as possible, but a finger's breadth from the medium line. The walls of the abdomen were divided in the same line without hemorrhage. The stomach was drawn through the abdominal opening, and an incision about three-quarters of an inch long, parallel with the long diameter, near the smaller curvature. A hard rubber tube presenting the appearance in shape and length of a small wooden spool, each end (flange) being larger than its central diameter. The object of the flanges was to keep the tube in position. From the tube leads a soft rubber pipe about one half an inch in diameter with a hard rubber mouth piece attached, making an artificial œsophagus. The patient recovered from the operation without considerable trouble. He is now nourished as follows. In feeding, the œsophagus is simply removed to the out-side of his person, for it is rubber instead of being muscular tissue. The boy after thoroughly masticating his food, simply spits it through the tube into the stomach in a semi-fluid state. The details of this operation are quite instructive, and the novel mechanical means devised by Dr. Staton are original, and decidedly practical and efficient.

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BALTIMORE, JANUARY 5, 1881.

EDITORIAL.

MEDICAL FEES — CAUSES WHICH DEGRADE THEM.—There is no question of greater interest to the profession than the one which regulates the basis of medical fees, and interprets the business relations between the physician and patient. This question has ever been, in many communities, the bone of contention which has ruined the business prospects of practicing physicians, and, in corresponding degree, degraded the influence of medicine. It is not unusual to witness sharp competition between rival interests in trade by which the public is temporarily benefited; but business men very soon learn that such fights do not pay, and early arrive at a satisfactory compromise. In the fights between rival medical practitioners such compromises are seldom made, and these men continue through life the same active, yet oftentimes secret, hostility towards each other; undercutting, underbidding and resorting to various expedients to secure public patronage at such rates as barely sustain life. The public profits by such disagreements and looks on with smiles of approval, gently applauding the benevolence and skill of the rival pets who labor for the humanity of man. In many localities it is sad, indeed, to witness such fights as are here referred to. We know of such communities where medical men are almost impoverished, and eke out the scantiest existence through their own imbecility and incapacity in asserting their business rights, or through this practice of fee-cutting and bidding for public approval. In a community where lawyers, merchants, ministers and farmers are well-to-do and fairly thrifty, we can recall the case of a physician, who labored hard an entire lifetime and had booked over one hundred thousand dollars. After his death his executor offered his entire accounts for fifteen hundred dollars, and was not able to find a bidder. This man's family was left in want though he had lived a hard and laborious life in accumulating one hundred thousand dollars worth of worthless accounts. This man made it a habit not to collect what was due him, and the public taking advantage of this fact liberally used his services. He was truly popular, esteemed and beloved by the people among whom he lived The reason is apparent. Any man may purchase public esteem by such measures; but, we ask, is it just and fair to live in this manner for the public? Does the physician owe the public any more than the lawyer or merchant, manufacturer or farmer? Is not medicine a legitimate business, and should it not be practiced upon strict business principles? We contend that it is, and that men who waste their time and services upon the public do so, oftentimes, from other motives than those of true benevolence. Medical men, as a class, are not trained to business habits, and many of them grow careless in reference to their collections; they undervalue the importance of strict business relations with their patients and frequently let the patient regulate the value of their services, and the time and manner of payment. This is especially the case with country practitioners, who are oftentimes willing to receive a turkey, or a hog, or load of wood in return for services rendered. Again many medical men have a weak side of nature and oftentimes value the flattery and applause of their patients more than their money, and the patient knowing the value of the former is quite willing to discharge the debt by his unbounded appreciation of the doctor's skill and humanity. We know of men of this class who annually book thousands of dollars, and receive with thanks such alms as may be thrown in their way, and will not present a bill when modestly requested to do so, knowing full well the request was only a matter of compliment and not a desire to receive this reminder

of an obligation. There is another class of practitioners, more wily than those previously mentioned, who love money and who love work, and are quite willing to make the former by any sacrifice of time or service. This class will stoop to any business strategy which will secure the end in view. To this class belong the doubtful advertisers, pew renters, women flatterers, quacks and the like. Others are found who make their charges conform to the mood and whims of their patients, and are quite willing to take anything they can get, even twenty-five cents a visit, from people amply able to pay the usual fee of two dollars. There are some people who value their influence worth so much, and to these the strategic doctor is ever ready to conform his fees as best serves his interest.

The statements here made may be more or less colored, but there is much truth in them, and from them a plain lesson can be taught.

It is apparent to many of the profession that this subject of medical fees requires attention and correction or else with the constant additions to the professional ranks of new recruits, from all classes of society, the practice of medicine will soon degenerate into a magnificent farce, and its business relations absolutely destroyed. Something must be done to give greater tone and respectability to medical fees. The profession must be educated to recognize the value of proper business relations with the public, and to co-operate with each other in regulating the character of professional services. The tendency to degrade the profession, at the present day, by resorting to the tricks of trade, and not employing the ethics of true business principles is a crying shame upon a scientific and honorable calling.

Dr. J. A Thacker, of Cincinnati has been elected a member of the Royal Microscopical Society of London, in testimony of his devotion to microscopy and of his contributions to this branch of science. Dr. Thacker is the editor of the *Cincinnati Medical News*, and a large part of his journal is devoted to the microscope.

MISCELLANY.

Official List of Changes of Stations and duties of medical officers of the United States Marine Hospital Service, October 1st, 1880, to December 31st, 1880.

P. H. Bailhache, Surgeon.—Detailed as Chairman Board of Examiners of candidates for promotion, October 6, 1880. To proceed to Norfolk, Virginia, as inspector. November 1, 1880. Detailed as President Board of Inquiry, to meet in St. Louis, Mo., Nov. 17, 1880, Nov. 9, 1880. Upon conclusion of duties under orders of November 9th, to proceed to Dubuque, Iowa, La Crosse and Milwaukee, Wisconsin, Chicago, Illinois, Detroit, Michigan and Buffalo, New York, as inspector, November 10, 1880.

T. W. Miller, Surgeon. Detailed as member Board of Inquiry to meet in St. Louis, Missouri, Nov 9, 1880.

Geo. Purviance, Surgeon. Detailed as recorder, Board of Inquiry to meet in St. Louis, Missouri, Nov. 9, 1880. Upon conclusion of duties under orders of November 9th, to proceed to Louisville, Kentucky, as inspector, November 19, 1880.

E. J. Doering, Surgeon. Granted leave of absence for thirteen days from January 3, 1881, December 29, 1880.

Henry Smith, passed assistent Surgeon. To proceed to Key West, Florida, and assume temporary charge of the service at that port, December 13, 1880.

F. C. Fisher, passed assistant Surgeon. Detailed as recorder, Board of Examiners of candidates for promotion, October 6, 1880.

H. M. Keyes, Assistant Surgeon. To report to President Board of Inquiry, November 17, 1880, November 10, 1880.

H. P. Cooke, Assistant Surgeon, To proceed to Galveston, Texas, and assume charge of the service at that port, relieving Assistant Surgeon Guiteras, December 14, 1880.

W. H. Heath, Assistant Surgeon. Granted leave of absence for twenty days from October 21, 1880, October 20, 1880. To proceed to Buffalo, N. Y., and assume temporary charge of the service at that port, relieving Assistant Surgeon Cooke, November, 18, 1880. To assume charge of the service at Buffalo, December 14, 1880.

John Guiteras, Assistant Surgeon. To proceed to Galveston, Texas, and assume temporary charge of the service at that port, relieving passed Assistant Surgeon Smith, December 13, 1880. When relieved by Assistant Sugeon Cooke to rejoin his station, December 15, 1880.

W. A. Wheeler, Assistant Surgeon. To proceed to Pittsburg, Pennsylvania, and report for temporary duty to Surgeon Purviance, November 10, 1880. Relieved from further duty at Pittsburg, and ordered to report to Surgeon Fessenden at New York, November 27, 1880.

J. A. Benson, Assistant Surgeon. To proceed to Boston, Massachusetts, and report for temporary duty to Surgeon Vansant, October 15, 1880.

C. E. Banks, Assistant Surgeon. To act as inspector of unserviceable hospital property at San Francisco, California, November 2, 1880.

Resignation.—F. H. Brown, passed Assistant Surgeon. Resignation accepted by the Secretary of the Treasury, to take effect November 5, 1880, October 7, 1880.

Promotion.—C. B. Goldsborough, passed Assistant Surgeon. Promoted to be passed Assistant Surgeon from October 14, 1880. October 14, 1880.

Death.—W. C. W. Glazier, Assistant Surgeon. Died at Key West, Florida, of yellow fever, December 12, 1880.

Dismissed.—H. M. Keyes, Assistant Surgeon. Dismissed the service to take effect Dec. 31, 1880, Dec. 24, 1880.

AIKEN, SOUTH CAROLINA, AS A HEALTH RESORT.—Dr W. H. Geddings, of Aiken, South Carolina, contributes a lengthy paper to *Gaillard's Medical Journal* for January, 1881, under the above title. Dr Geddings concludes his paper with the following brief summary of the advantages of Aiken as a winter resort.

1. A dry, bracing climate, with an abundance of bright sunshine.

2. The entire absence of malaria.

3. Better hotels and boarding houses than are usually met with at southern resorts, with good food and excellent attendance,

4. The ease and comfort with which it is reached, parlor and sleeping cars running through from New York in less than thirty-five hours.

Dr. D. P. Smith, professor in the Yale Medical School, and a relative of the late Prof. N. R. Smith, of this city, recently died at his home in Springfield, Connecticut, at the age of 50 years.

ANNUAL MEETING AND BANQUET OF THE BALTIMORE MEDICAL ASSOCIATION.—The annual meeting and banquet of the above named association, was held at Kelley's Restaurant, 17 North Eutaw street, January 10th, at 9.30 P. M. The occasion was one of much enjoyment to all present, who did full justice to an excellent supper, prepared in regular Maryland style, with such a bill of fare as the season supplies. This being the meeting for the election of officers for the ensuing year, the following were chosen: President, Dr. Jas. A. Steuart; Vice-Presidents, Drs. J. T. Smith and A Erich; Recording and Reporting Secretary, Dr. E. F. Cordell; Corresponding Secretary, Dr. W. A. B. Sellman; Treasurer, Dr. G. L. Taneyhill; Executive Committee, Drs. C. H. Jones, John Morris and J. R. Uhler; Committee of Honor, Drs. J. N. Monmonier, Eugene Riggs and R. H. P. Ellis. The Baltimore Medical Association is the oldest local medical society in the city. During the past year its meetings were well attended and successful. The association is now enjoying much prosperity.

MARYLAND MEDICAL JOURNAL,

PUBLISHED ON 1st AND 15th OF EACH MONTH.

THOMAS A. ASHBY, M. D., Editor.

WHOLE NO. 55. BALTIMORE, FEBRUARY 1, 1881. VOL. VII, No. 19.

ORIGINAL COMMUNICATIONS.

LECTURES.

MEDICINAL ERUPTIONS.

(Continued from last number)

BY I. EDMONDSON ATKINSON, M. D.

Clinical Professor of Dermatology, University of Maryland.

LECTURE 3.

(A Course of Three Lectures Delivered During the Preliminary Term (September 27th, 28th and 29th, 1880), before the Medical Class of the University of Maryland.)

TAR.

The internal administration of tar and of carbolic acid or the absorption of these substances through the skin have been occasionally known to produce cutaneous eruptions. It is well known that a very common result of the local application of tar, is an eruption of acne, familiarly called tar acne, and characterized by a black comedo-like plug of tar at the apex of each acne-pustule. The eruption may sometimes become an extensive eczema. Under such conditions it is certain that the tar may be absorbed, and occasionally give rise to alarming constitutional symptoms. Its presence in the system is manifested by its appearance in the vomit and feces (which it turns to a blackish color), with a distinct tarry odor. Chills, headache, and other decided general symptoms are sometimes produced.

It is a little surprising that cutaneous eruptions thus arising are not more frequently encountered. While acne from the local action of tarry substances has been noticed by every writer, it is but rarely observed following their internal use. That it may so arise, however, seems quite sure (Tilbury Fox). Waldeck has reported an eruption after the ingestion of tar capsules (*Deutsche Med. Woch. Viertely. f. Dermat. u. Syph. V.* 1878, p. 603).

OPIUM.

The pruritus often observed to follow the various preparations of opium and of its salts, is perfectly well known to all. This is usually unaccompanied by any examthem; but it is also established that the use of these substances sometimes evokes decided cutaneous eruptions. Farquharson, indeed (*Brit. Med. Jour.*, 1, 79, p. 267), says that the ordinary pruritus may sometimes be shown to depend upon a minute papular or vesicular rash

due in all likelihood to the diaphoretic action of the drug. So far as is known, the rashes produced by opiates are principally erythematous and papular, sometimes, urticarial. T. C. Fox has recorded a case where from the ingestion of morphia, there was produced an eruption which covered the patient (a woman) from head to foot (even the hands, feet and face), with a bright erythematous eruption, looking, at a short distance, uniform and diffused, and in prominence, something between measles and scarlatina. "The skin was considerably swolen, and great distress was occasioned by itching and pricking. The eruption when more closely examined, was seen to be made up of conical papules, originally distinct, but later, aggregated together, of the size of an ordinary pin's head, and there could be little doubt that they were congested follicles" (*Brit. Med. Jour.*, 1, 1879, p. 969).

Rare as an opiate rash must be, the form just described must be considered the rarest. Erythema and urticaria seem to have been the forms most often observed.

Persons liable to these rashes, usually find the smallest doses competent to produce them, within a very short period. Beginning most often with an itching and tingling of the skin, the rash appears with great rapidity, as extended erythematous patches and bright red urticarial elevations, that may attain enormous dimensions, and be accompanied by considerable œdema. Itching is a most distressing symptom before and during the efflorescence. After a short interval the eruption will subside and may be succeeded by desquamation.

The dose necessary to excite the eruption may be astonishingly small. Apolant (*Berl. Klin. Wochenschr.*, No. 25, 1877; *Revue des Sciences Med.*, Jan., 1878, p. 196), witnessed a relapse in a patient who had merely smelled from the bottle containing the mixture, from a dose of which the original rash was derived. In all these cases, the effect has been ascribed, probably with justice to the influence of opium upon the cutaneous vaso-motor sytem.

Under all circumstances, these rashes are very infrequent.

QUININE.

It is not a little singular that it is only within a comparatively recent period that certain cutaneous eruptions have been observed as occasionally resulting from the ingestion of quinine and other derivatives of peruvian bark. For nearly fifty years cinchona and its alkaloids had been administered largely, and yet these symptoms had not been reported, although they can hardly be of such rare occurrence, for since attention has been drawn to them, within the past ten or twelve years, many cases have been recorded, and indeed, the subject occupies quite as much space in the medical literature of the day as do any of the other medicinal rashes. The medical profession in America, England, Germany and France has interested itself greatly in quinine eruptions, and we have now pretty clearly defined conceptions of their peculiarities. It is certain that quinine rashes are not rare, assertions to the contrary notwithstanding, and it is probable that nearly every one practising in malarial districts has more or less opportunity of observing them. It is true that by some writers these effects are denied and the eruptions have been attributed to the disease for the alleviation of which the quinine has been given. There is, in fact, some danger of committing this error, since urticaria and erythema are sometimes complications of malarial fever where the drug in question has never been taken. (Claiborne, N. Y. Med. Record, 814, 1877).

The fact of quinine rashes has now been observed too frequently and under circumstances too convincing for there to be any reasonable doubt of their reality.

Eruptions due to the cinchona alka-

loids may be considered for the most part under three headings, all closely related, namely, erythema, urticaria and a combination of these two. We are indebted to the writings of Köbner (Berl. Klin. Wocheuschr. No. 22 and 23, 1877); Neumann (Viertelg. f. Derm. and Syphilis, from Wiener Med. Blätter; and Lehrbuch der Hautkraukheit, 5th ed. p. 162); Heusinger, Scheby-Buch, Bauer (Berl. Klin. Wochenschr., 1877, 733); Pflüger, Farquharson (Brit. Med. Jour., 1879); Grelitz, Dumas, Bergeron and Proust, Morrow, Smith and others, for various contributions to the literature of these eruptions, and their descriptions agree so closely that it is possible to describe quite well defined types with which the eruptions may be expected to coincide quite faithfully, with the exception, however, of a few rarer forms where eczema, purpura, etc., have been developed.

The erythematous rash may be either scarlatinoid (Köbner, Neumann et. al.), or it may be rubeoloid (Farquharson). Again, it may possess the characters of erythema multiforme (Neuman).

When an idiosyncrasy renders a patient liable to a quinine eruption, the rash usually begins shortly after the ingestion of the drug, whether in large or in small quantity. It is preceded, however, by various symptoms on the part of the general system. Thus there may be chilliness, a sense of suffocation, nausea, vomiting, headache, noises in the ear, and even fever of considerable intensity, with præcordial discomfort. With these is usually associated stinging and itching of the skin of an intense character. The exanthem now begins to appear about the face and neck. It may consist of patches of an intense scarlet hue or it may be a diffused redness gradually extending over the whole body. In its appearance the eruption closely resembles that of scarlet fever, indeed, it may be altogether indistinguishable from it. Under occasional circumstances a more dusky hue may be assumed and the eruption be more papular, or, in a word, more like the measles rash; or the papules may be larger, more nearly simulating the wheals of urticaria, but differing from the common type of these, in being of a diffused, rose-red color. (Farquharson., loc. cit.)

Where the urticarial characteristics are present or predominate, as is the case in the majority of quinine rashes, the purely erythematous form being really very uncommon, there is usually considerable œdema, such as one is accustomed to see in urticaria, but the wheals tend rather to assume an arrangement of broadly diffused, bright red patches. The intense itching and burning that accompany the rash, along with the various forms of constitutional disturbance, contribute to make the patient as uncomfortable as can well be, for a few days, until a restoration to health is approximated. And then arises a condition that tends to still further heighten the resemblance to the eruptive fevers, namely, desquamation. This begins upon the fourth or fifth day of the eruption; and in severe cases, the epidermis is thrown off in great flakes, the process continuing for weeks. Köbner has noticed desquamation as late as the ninth week (*Berl. Klin. Wochensch.*, No. 22, 1877).

But the rash may be, is usually much less severe; it may be accompanied by absolutely no constitutional symptoms, and may consist of a few patches of erythema or urticarial wheals with occasional papular elevations. These milder eruptions are accompanied by tingling and itching, but to a small degree; but they possess one peculiarity not usually encountered in simple erythema and urticana; I refer to the desquamation already mentioned. Let it not be understood, however, that typical urticarial wheals may not be present;

they may constitute the predominant symptom, and recede entirely without exfoliation.

The desquamation usually following these eruptions has been observed by nearly all of those who have written upon the subject, and may be considered characteristic, enabling one to distinguish the affections, by these results from simple erythema and urticaria, where desquamation, as a rule, is not observed. But the embarrassment of the medical man, already in doubt, may be increased by the similitude of this feature to results of the eruptive fevers. Thus it is easy to understand the doubt, nay the error, into which one may be led, when, after observing a rash presenting characters identical with those of scarlatina, measles, etc., he is still further called upon to witness a desquamation that may correspond exactly to the membranous, flaky shreds of scarlet fever or to the more branny scales of measles. Error in such cases can only be avoided by a close consideration of all concomitant circumstances; by recalling the sudden appearance of the rash, its (usually) rapid fading upon discontinuing the administration of the drug, and in some cases, by the entire absence of constitutional symptoms. The occurrence of such scarlatinoid and rubeoloid eruptions in the course of the various medicinal rashes, has prompted some writers to suggest that perhaps some of the reports upon record, of second and third attacks of scarlet fever and measles, etc., may be, in reality, due to these causes, The doubt is reasonable, and it will be well to bear it in mind. Along with a scarlatinoid rash and elevated temperature cases sometimes occur where erythema of the mouth and fauces are observed. The medical man, in the face of such difficulties, needs the most skillful and cautious powers of diagnosis. Where the eruption is simply erythematous or urticarial it offers no spinal points for diagnosis. The history alone will bring enlightenment.

It happens, singularly enough, that the greater number of persons who display these quinine rashes, are females. Usually there exists in such persons, such intolerance of quinine or other cinchona alkaloids, and preparations that every administration of the drug, even at distant intervals, is followed by the eruption. At other times, patients who have previously ingested the offending preparation without discomfort, acquire an intolerance of it. Morrow relates an interesting case of this nature (N. Y. Med. Jour., March, 1880, p. 249.) Again the eruption may occur only after the administration of large amounts of quinine, etc., and in these cases it has seemed to me that urticaria is the form developed. But little seems to depend, however, upon the size of the dose, Morrow (op. cit,) reports a case where six centigram doses of the sulphate of quinine would suffice to call forth the symptoms. Other similar cases have been met by Garraway, Skinner, Lightfoot, Neumann and others.

The causes of these eruptions have been variously accounted for in violent gastric irritation, direct irritation of cutaneous nerves, etc. Whatever may occasion them, too little is known, to discuss the matter at this time, profitably.

The erythemations and urticarial eruptions, though the most common, are not the only ones resulting from the ingestion of this class of medicines. Morrow, whose excellent article I have already drawn upon, has collated five cases of purpura originating in this manner, in two of which symptoms of purpura hemorrhagica were observed. Bullous eruptions from the same cause have been said to be occasionally produced; and commencing gangrene (Schuppert) and erysipelas of the scrotum (Köbner) have occurred. The diagnosis

of these eruptions must depend upon circumstances. Their symptoms offer nothing specific. Dermalgia has been attributed to quinine ingestion by Field (Med. Record, Nov. 30, 1878, 427).

I have already remarked that rashes have been known to follow the internal use of other alkaloids of cinchona and from preparations of bark itself; but these do not differ in character, as we have seen, and as quinine is so vastly more general in its use, the foregoing remarks have been made to apply more especially to it, as typical of all.

The prognosis of quinine erythema and urticaria is altogether favorable. Where more formidable symptoms arise, such as gangrene, erysipelas (fortunately most rare), the danger will depend, for the intensity of the morbid action, upon its exciting cause

As in the case of most medicinal eruptions, treatment consists more in removing the offending drug than in active medication. Special symptoms must be treated according to requirement, and local remedies, calculated to allay irritation and burning, employed.

The list of drugs whose internal administration is capable of exciting cutaneous symptoms might be considerably augmented. This action, however, is so infrequent that, for the greater number, it would be difficult to pronounce it more than an accident. In these almost unique cases, when a rash is induced, it is more than likely that it is the result of gastric irritation and is similar in nature to the urticaria and erythema due to the ingestion of certain articles of diet. Sieveking has observed urticaria resulting from the internal use of santonin. (British Med. Jour., 1871). Strychnia has been stated to have produced an eruption, and acne may occasionally be excited by the administration of cod liver oil. Traube has described erythema from digitalis, and so the enumeration might be continued, but it can hardly be of importance to do so, and I will pass to the consideration of eruptions excited by local irritation of substances, applied to the skin, with a therapeutic object.

[*To be Continued.*]

TRANSLATIONS.

THE FIRST ENDOLARYNGEAL OPERATION UNDER AN ANÆSTHETIC.

(Dr. John Schnitzler, Vienna).

TRANSLATED BY FRANK PEARSON, M. D., BALTIMORE, MD.

In the *Wiener Medizinishe Presse* of November 28 and December 5, 1880, Dr. Schnitzler gives an interesting account of the extirpation of a papillomatous growth from the larynx of a boy eight years of age, while the patient was under the influence of ether, and which he claims is the first case on record where the operation has been done while the party to be operated upon was anæsthetized, and laryngotomy not performed.

Dr. Schnitzler relates the case as follows: "On the 28th of July, 1880, the parents of little H. von K. came to me to obtain my opinion as to the condition of their child.

"The boy eight years of age had suffered since his first year from repeated attacks of "croup." The seizures always came on with a harsh cough, and considerable difficulty in breathing, and had latterly been of a much more intense character.

"The patient had had an especially severe attack eight days before I saw him, and the difficulty in breathing was such that tracheotomy was seriously thought of.

"His parents noticed that when in his sleep he rolled over on his right side, he became restless, threw himself

about on the bed, breathed loudly and finally awoke by his sense of impending suffocation.

"He was a boy well developed for his age, excepting that he had a somewhat delicate frame, and was very pale.

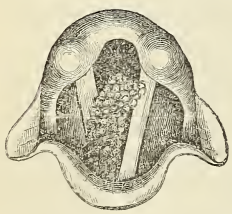
"On percussing and auscultating the lungs and heart, I found everything quite normal, aside from a slight degree of emphysema which was undoubtedly in consequence of, and not the cause of the difficulty in breathing.

"A loud valvular murmur (Ventilsgeräusch) whose origin must be sought for in the larynx, was heard at intervals in connection with the rough vesicular breathing.

"This valvular murmur and the hoarse and suppressed voice induced me to examine the larynx, which strange to say none of the other physicians had thought of doing.

"A glance at the parts was sufficient to explain the difficulty in breathing and the suffocative attacks.

"The laryngoscopic image was as follows: A delicate anæmic larynx with an epiglottis bent strongly backwards. The rima glottis during quiet breathing and phonation was covered by a grayish white growth in appearance like a mulberry, which upon drawing a deep breath fell within the opening of the glottis, and completely filled it.



"Upon closer inspection the growth appeared to be about ten mm in length and had a width and thickness of five mm.

"It was attached partly to the left false cord and ventricle of Morgani and partly from the anterior commissure of the vocal cords.

"It was now clear why the little sufferer was at times more hoarse than at others, and why he so often had suffocative attacks.

"He was hoarse because the growth lay upon the vocal cords, and when it got between them it must have extinguished the voice altogether. The spells of dyspnœa came on when the boy slept on the right side, because then the opening of the larynx was covered by the papilloma, and he breathed easier when on the left because the growth then from its own weight fell to one side and left the passage free for air to enter, and finally he had the alarming suffocative attacks when the growth became wedged in the chink of the glottis.

"It was clear to me that the case called for immediate operation, but on my attempting to pass an instrument into the larynx in order to accustom the parts to its presence preparatory to the endolaryngeal operation I met with an unexpected difficulty.

"The otherwise intelligent but very nervous patient who had let me examine him with the mirror without any objection, trembled in every limb at the sight of the forceps. Neither promises nor threats would induce him to submit to the operation.

"What was to be done? I had the choice either to open the larynx or to overcome the mistrust and fear of the instrument by weeks or months of trial.

"I did not feel justified in doing the first as long as the child was in a tolerably comfortable condition, and as for the second, I confess it, I was just about to take my summer holiday, and I knew, partly from my own experience and partly from that of others, that in so young and sensitive an individual as the present I could not hope to be able to operate in any very short space of time.

"Mackenzie, of London, succeeded in a child eight years of age only after six months practice, and when others favored by circumstances and luck

have done it quicker, yet the most of them have nevertheless required many weeks or months.

"I determined to try a general anæsthetic, and on taking into consideration that the larynx was to be operated upon, and the youth of the patient, I made choice of ether on account of its transitory effects, instead of chloroform, which appeared to me to be dangerous.

"I was perfectly well aware of the danger and difficulty of the undertaking.

"First of all the surgeon must do without the almost indispensable cooperation of the patient. While ordinarily the party to be operated upon opens the mouth widely, phonates, inspires deeply and sticks the tongue out as far as possible, at our request; in short assists us in every way he is able; on the contrary, while under the influence of a general anæsthetic, he shuts the mouth and it has to be opened with a gag, the tongue has to be drawn forward and held with a pair of forceps, and the patient must be held so that the doctor is able to reflect light into the oral cavity, introduce the mirror, obtain a clear laryngeal image, and finally, with the forceps, extract the growth.

"Difficulties that appear almost insurmountable, and which, after he has overcome, a hæmorrhage into the respiratory track, may suffocate the helpless and insensible patient. Nevertheless I determined to make the trial.

"I hoped to overcome the difficulties and to reduce the danger to a minimum by the use of the more evanesent ether instead of chloroform.

"I performed the operation thus: An assistant sitting opposite to me held the child in his lap Another assistant anæsthetised him, and as soon as he was under the influence of the drug, still another assistant forced his mouth open with a dilator adapted to the purpose, and drawing his tongue out with a pair of forceps, held it in such a manner with his left hand that I not only could introduce the mirror, but also reflect the light from a gas jet placed on the right of the patient into his mouth by means of a reflector on the forehead. Holding the mirror in the left hand, I introduced the crushing forceps with the right, and not allowing myself to be embarrassed by the accumulated secretions, I quickly succeeded in seizing the growth and extracting it.

"It was larger than a hazel nut, and in its macroscopic as well as its microscopic appearance had the general characteristics of the papillomata.

"The operation was scarcely over before the boy awoke without the slightest knowledge of what had been done to him.

"From the beginning of anæsthesia to the end of the operation was scarcely three minutes.

"Somewhat to my surprise, a few minutes after the operation there was a tolerably profuse hæmorrhage. I have seldom seen severe bleeding after the extraction of a papilloma.

"After the bleeding was controlled by means of a one per cent. inhalation of Ferri. Chlor. the laryngoscopic examination showed that the growth was removed with the exception of a remainder about the size of a pin's head.

"The operation was performed on July 29th, at 10 o'clock A. M., and one hour later the boy took a walk with his parents in the *Prater*, and that night slept well without any of the loud breathing and suffocative attacks which had formerly alarmed those who beheld him. Next day his voice which was formerly so hoarse and weak, was strong and clear.

"The after treatment consisted in the inhalation of alum and potass. chlor. alternately, and twice a week touching the larynx with a solution of iodine in glycerine.

"This was kept up until the end of August, when the boy departed for his home. The end of September he

returned, and I found that the growth had begun to return on the left false cord, left vocal cord and anterior commissure of the larynx, but that the patient had not had any return of the hoarseness or dyspnœa.

"I cauterized the affected points a few times with arg. nit., and later touched them a few times with "iodglycerine," and the beginning growths entirely disappeared. Should he again have a return of the complaint I propose to employ the galvanocautery as I have lately done with a child 3½ years old."

SOCIETY REPORTS.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

(*Reported for Maryland Medical Journal*).

378TH REGULAR MEETING, DEC. 15, 1880.

TREMOR AGITANS. — *Dr. Caldwell* reported the case of a man 55 years old, who was affected in an extreme degree. Potass. bromide, electricity, etc, had been tried without benefit The tincture of nux vomica was then used, commencing with ten drops four times a day, and gradually increasing until nearly a dram was given at a dose, After using for about eight weeks the man had a very violent seizure, showing the symptoms of strychnia poisoning. The doctor feared a fatal issue, but by a free use of chloroform the convulsion was controlled and the man has been free from his old malady ever since.

Dr. Rennolds spoke of a case of spermatorrhœa in which he used strychnia, commencing with gr. one fortieth ter die, and gradually increasing until over one grain a day was used. It was continued in this dose for more than one week. The man improved rapidly, but there were no symptoms of strychnia poisoning.

SCARLATINA.—*Dr. Bates* referred to a case of convulsions due, he believed, to scarlatina. A child 15 months old, was attacked with convulsions about 8.30 A. M. When the doctor saw it about an hour later it was moribund; no pulse at the wrist, inability to swallow, noisy respiration from mucus in the air passages, and spasmodic twitchings of the tendons. An effort was made to relieve the trouble, but was unsuccessful, death resulting in about half an hour. Upon inquiry he found that the child had been unwell for two days; on the morning previous had had an attack of vomiting; had been feverish and restless during the night, and in the morning a slight eruption was discovered on its chest. From these facts a diagnosis of malignant scarlatina was made, and the occurrence of an undoubted case two days later on another child seems to confirm his opinion.

Dr. Rennolds mentioned a similar case. A child 5 years old, had convulsions and died; another child had convulsions for eight hours, also died, but after death a scarlet eruption appeared on the body. A third child was attacked in same manner, but the convulsions were checked, and it then had a regular attack of scarlatina. He thought the third case proved that they were all dependent upon the same poison.

Dr. Erich enquired how an eruption could make its appearance after death. Did the doctor see it himself or depend upon the statement of the family?

Dr. Rennolds said that he saw the eruption.

MEMBRANOUS CROUP.—*Dr. Taylor* said that some weeks ago a gentleman in this society recommended potass iod. in large doses, for this disease. Shortly after he was called to a case, and immediately put it upon gr. xv every two hours; the child got well. Has had several cases since, and used it in every case, except one, in which tracheotomy was performed. All recovered. In one case a large quantity of false membrane was expectorated.

Dr. Cathell said he was now attending a case of true croup, which will probably prove fatal The mother of the child and five of her children have had diphtheria. There is a sewer in front of the house which he thought might be the caused of the disease.

He also mentioned the case of an old lady who had a carbuncle on the back of her neck. He had the hair cut off and poultices used, followed by a free crucial incision which relieved her very

much; the case resulted favorably. Sometime afterwards she sent for him on account of great sensitiveness of the neck. Upon examination the hair were found to be loose. One was extracted and ulceration found at its root, and it seemed that it had grown inward instead of outward. Seventy or eighty were extracted, which entirely relieved the sensitiveness. The hairs were thickened and looked like small fish bones.

NÆVUS.—*Dr. Read* related the case of a child 5 months old. There was a nævus, on the forehead the size of a three cent piece. Pressure was tried for a month, but did no good. He then injected persulphate iron, and cured it promptly.

Dr. Morris said that mode had been abandoned on account of the danger from small clots being carried into the circulation. He had had success from vaccination. If the nævus is not very large it will cure it.

Dr. Erich thought a vaccine scar on the face would not be very sightly, and if cow virus were used no one could tell how large the scar might be.

Dr. Read said that Gross mentions accidents from injection of some preparations of iron, but does not mention persulphate. He would be pleased to hear the experience of the gentlemen present as to accidents This mode has the advantage over excision that the slough is not so large and the operation does not look so formidable.

Dr. Erich said that he had cured a nævus on the forehead of a young lady by the application of fuming nitric acid. He had applied it so superficially that the true skin was not cauterized. The result was good.

Dr. Morris believed that those large red spots frequently seen on the face could be benefited by carbolic acid, and if continued long enough it will bleach them, and thus improve them very much.

Dr. Brinton had seen two cases treated by the injection of iron; there was no trouble.

Dr. Erich mentioned another mode of treatment, which is to make a number of superficial parallel incisions; dress with lint. The object is to destroy the capillaries.

Dr. Coskery referred to the three varieties of nævus, viz; arterial, venous and capillary. Each requires a different treatment, the venous being much more easily cured than the arterial.

CLINICAL SOCIETY OF MARYLAND.

MEETING HELD, OCTOBER 1ST, 1880.

CHRISTOPHER JOHNSTON, M. D., President in the Chair.

EUGENE F. CORDELL, M. D., Reporting Secretary.

ADENO-FIBRO-ENCHONDROMA OF NECK.—*Dr. Coskery* exhibited a specimen of a large adeno-fibro-enchondromatous tumor, weighing 3 lbs. 10 oz., removed to-day, from the neck of a negro man, aged 25. The patient presented himself with a large, freely moveable tumor, occupying a position just below the right lower jaw and ear, and hanging down on the clavicle. It was removed, together with an elliptical piece of skin covering it. It proved to be encapsuled. Great hemorrhage accompanied and followed the operation. The sac left by the removal of the tumor was packed with lint, saturated with styptic colloid. Secondary hemorrhage ensued in a few hours, necessitating removal of the dressing and ligature of several vessels. He is now doing well. Photographs of the patient were exhibited. P. S.—Patient left hospital on the 17th day.

ENCAPSULATED TUMOR OF CHEEK ATTACHED TO CORONOID PROCESS OF LOWER JAW.—*Dr. Christopher Johnston* reported the case of a man, æt. 22, who exhibited a tumor on the check, which also projected into the mouth, being apparently attached to the zygomatic arch. Its removal was effected by turning the lip out, and making a horizontal incision into it, through the mucous membrane, a probe being introduced into Wharton's duct to protect that from injury. On incising, it was discovered to be encapsulated, and was drawn out with forceps. There was much hemorrhage. Three days have elapsed, and the patient is now doing well. The attachment was on both sides of the coronoid process of lower jaw, near the apex.

NEW TEST FOR ALBUMEN. — *Dr. Johnston* said that, having seen metaphosphoric acid highly recommended in

the *British Medical Journal* as a substitute for nitric acid in testing albuminous urine, he had been led to try it, and with very satisfactory results. A piece the size of a pea may be dissolved in a little water and added to the urine. It is as delicate as any other test and much more convenient, as it can be carried in the pocket without risk.

DRYSDALE'S OVARIAN CELLS FOUND IN A TUMOR OF THE BREAST.—*Dr. Johnston* also exhibited a specimen of fluid drawn with a hypodermic syringe from a cystic tumor of the breast of a lady, for purposes of diagnosis, in which, on examination by the microscope, a large number of Drysdale's cells were discovered.

PLACENTAL DEVELOPMENT.—*Dr. Morris* exhibited a specimen showing the condition of the placenta at the 10th week of pregnancy. The membranes were intact and fœtus still enclosed in them. The history of the case from which the specimen was obtained was as follows:—The patient was attacked with pains and flooding at night. The next morning the pains had disappeared, to return the following night. Anodynes were then given and the pains left her for four weeks. At the end of that time (during which there was slight discharge) hemorrhage returned, much to her delight, as she supposed it her menstrual flow; violent pain also set in. In consequence a physician was called, who diagnosed malignant disease, verifying this diagnosis by speculum examination next day. Dr. Morris did not agree with this opinion, which was found to be erroneous on the occurrence of abortion soon afterwards. There are many abortions in the first month of pregnancy which are not recognized. The tufts of the placenta come away with the secretions. There has been a difference of opinion as to the treatment of abortion and the proper disposal of the placenta, some insisting on the vital importance of its removal, whilst others regard its retention (should nature not cast it off herself) as devoid of danger. Dr. M. thought it might safely be left for nature to deal with; generally it is cast off. He had never seen a patient die from miscarriage the first or second month.

Dr. Bernard Browne thought the specimen a very interesting one, as going to show the placenta is not developed up to the tenth week, and no connections are yet found between the fœtus and uterus. In fact it cannot yet be properly called a placenta. In all these earlier abortions the ovum generally comes away intact.

Dr. Erich said the fleshy mass representing the placenta at this early period may (if retained) decompose and cause septicæmia, though this is not a common result of early abortions. The principal result is hemorrhage. If this continues longer than a week, we are justified in interfering. If the temperature rises, we are bound to interfere. It is sometimes extremely difficult to remove the placenta. Dr. E. always employs his finger in doing this. Only in the past year has he been employing Thomas' curette. This merely supplements the finger nail, consisting of a blunt wire loop, and can do no harm within the uterus, only bringing away the projecting mass of the placenta. It ought only to be used in connection with the finger, which should occupy the fenestrum. He opposed dilatation of the os by tents soon after abortion, as the finger can then be introduced without their use. When some months have elapsed, however, tents may become necessary.

MICHIGAN STATE BOARD OF HEALTH.

(*Reported for the Maryland Medical Journal*)

At the regular quarterly meeting of this board, held on Tuesday, January 11, 1881, at its office in Lansing. The following members were present: R. C. Kedzie, M. D., President, of Lansing; Hon. Le Roy Parker, of Flint; Rev. D. C. Jacokes, D. D.; of Pontiac; John H. Kellogg, M. D., of Battle Creek, and Henry B. Baker, M. D., Secretary.

VENTILATION.

Rev. Dr. Jacokes, Committee on Ventilation reported some experiments which showed that through registers of equal size, one at the top and the other at the bottom of the room, the velocity of the upper current of air outward was greater than at the lower register. When the ventilation was from the bottom only,

the temperature of the room was higher than when the ventilation was from both top and bottom registers. These experiments, he claimed, demonstrated that ventilation should be from the bottom in this climate in winter. Dr. Kedzie reported the following experiment, which seems to show the same fact. He took a glass tube thirty inches long, having a thermometer in the lower end. When the tube was closed, and the upper end heated to 750° F., the thermometer rose but one degree in an hour; the lower end of the tube being opened and air being drawn from it through the tube, the same heat being applied at the upper end raised the thermometer below over 100° in one minute.

Dr. Kedzie stated that in conversation with the newly elected governor, he had seemed to appreciate the work done by this board, and, in his message to the Legislature had recommended an additional appropriation of $2,000 for the uses of the Board.

LAWS DESIGNED TO PREVENT ACCIDENTS.

Mr. Parker, Committee on Legislation, in the interests of public health, reported progress in the careful study of the laws relating to punishment for carelessness causing accidents, such as the falling of the "grand stand" at Adrian, and said in his opinion the laws are stringent enough now, but the sentiment of the people does not hold a man guilty of murder through an act of negligence. There was no law, however, requiring expert inspection of public buildings constructed, or in course of construction. Mr. Parker also reporting on a proposed system of

INSPECTION OF STEAMBOATS

and other sailing vessels on our many inland lakes and streams, at summer resorts, etc. He had prepared a bill providing for such State inspection, and he was requested to take measures to have the bill presented to the Legislature.

THE WORK OF THE OFFICE.

The Secretary's quarterly report of work mentioned the preparation of diagrams and other labor in preparing and printing the Report of the Board for 1880, and similar work on two volumes of vital statistics; the distribution of documents published by the Board, and of blanks for return reports; and preparations for the sanitary conventions to be held under the auspices of the Board; 553 communications have been written during the quarter.

ADULTERATION OF SUGARS.

The Secretary reported that he had collected samples of sugars and syrups from the leading dealers in the city, and had received from Prof S. P. Sharples, of Boston, the result of his analyses, which showed that the sugars were mostly not adulterated, and but two out of ten of the syrups. It is due to the dealers to state that those found to be adulterated were so sold by them, namely, as "corn sugar" syrups "glucose" syrups, etc.

DIPHTHERIA.

Dr. Kedzie mentioned a horrible superstition in Russia, under which a wafer is put into the mouth of a child suffering with the disease, and then into the mouth of a well child, with the idea that it is a protection against the disease. As it is a communicable disease, it would be difficult to devise a more certain mode of spreading it.

POISONOUS JELLY.

A sample of apple jelly was sent to the Secretary with the statement that eating of the jelly had caused the sickness of a large family. Dr. Kedzie had analyzed it and fouud three grains of sulphate of zinc to each ounce of the jelly. It was probably in the form of malate of zinc, formed by the action of the acid of the fruit on the galvanized iron vessel in which it was boiled. If this was the fact, it illustrated the danger of using such vessels for such purpose.

YELLOWS IN PEACHES.

Dr. Kedzie reported an examination of peaches affected with the yellows. They were of fine appearance, rather red, especially about the pit. The meat was watery and decomposed rapidly. Chemical analysis showed excess of water and deficiency of sugar and jelly-forming material. He read letters from some who thought eating the peaches was not injurious to the health, and from others who stated the facts of sickness in repeated instances after the eating of such peaches.

"HOG CHOLERA."

Dr. Baker made a report as special committee to study the relations between the prevalence of "hog cholera" and the public health. His report included a statement of his trip to the south-western part of the State, where the disease prevailed, and numerous letters from farmers, physicians and veterinarians, among the latter, Prof. Law, Prof. Klebs, and Drs Detneers and Salnon. A letter from Dr Jerome, of Saginaw, stated that he saw hogs suffering with the disease who were unable to go up the inclined plane at the slaughter-houses in Chicago, were killed and made into lard, and stamped with a fancy brand. In this same connection Dr. Baker spoke of

LARD WHICH CAUSED SEVERE SICKNESS

in a family in Lansing. A sample of the lard had been microscopically examined by Dr. Detmers, of Chicago, who sent drawings of the organisms he found in it, stating that they were the same as he had found to be the contagious principle in "hog cholera," sometimes called "swine plague." He also read a letter from Dr. Marshall, of Lansing, in which said he had examined a sample of the lard in which the "fried cakes" (eating of which caused the sickness) were cooked, and had found the same organisms to be present. Dr. Baker also read a part of a letter from Prof. Klebs, of Prague, Austria, relating to the same subject. Prof. Klebs has made a special study of such subjects, and claims to have found the organism which is the specific cause of typhoid fever. He does not think hog cholera to be the same as typhoid fever, but would like material with which he could carry on a comparative study.

A vote of thanks was extended to those citizens who had labored hard to make the

SANITARY CONVENTION AT FLINT

a success. The convention will be held on January 25 and 26, 1881.

Dr. Baker stated that

CONTAGIOUS DISEASE PREVAIL MOST

where it was noticeable that the local authorities paid little or no attention to the laws requiring the appointment of a health officer, and communication with this board.

The board adjourned to meet at Flint, January 25, 1881.

REPORT OF MEDICAL SOCIETY OF CECIL COUNTY, MARYLAND.

The regular meeting of the Medical Society of Cecil County, was held in the Library room at Rising Sun, November, 12th. The President, Dr. Bromwell in the Chair. Six members present. Visiting members, Dr. Ewing, of the Oxford Medical Society, and Dr. Virdin of the Harford Medical Society. The proceedings of the last meeting were read and, upon motion approved as read. In following the order of business, there were no committees to report, and no unfinished business Under new business, upon motion of Dr. Hanna, the Society was requested to furnish a copy of the proceedings of the Society to the editor of the MARYLAND MEDICAL JOURNAL, in compliance with his request, after the approval of the same at a subsequent meeting. On motion a committee consisting, of Drs. Bromwell, Daw and Jamar was appointed to confer with a similar committee appointed by the Harford Medical Society with a view to the adoption of some plan by which joint meetings of the two Societies may be held at Havre de Grace at stated intervals.

Reports of cases being next in order, quite a number were reported by the members. Among the rest, one of aspiration of the bladder from inability to pass the catheter, successfully treated by Drs. Hanna and Finney Dr. Ewing was unanimously elected a member of the Society, as also Dr. Vindin The next business in order being essays, Dr. Dare presented a very interesting paper upon Enteric or Typhoid Fever, in which he set forth very fully the symptoms, causations, pathology and treatment of the disease, after which a general discussion of the subject was indulged in by the members.

The Executive Committee selected Cystitis as the subject for discussion at the next meeting, and Dr. W. W. Virdin as essayist.

On motion the Society adjourned to meet at Elkton, second Tuesday in January, J. H. JAMAR, Secretary.

CORRESPONDENCE.

BALTIMORE, January 23, 1880.

My dear Dr. Ashby:

The younger members of the profession in this city, and in fact all who would like to aid you in the good work of elevating the professional standard, are under many obligations for your strong and manly editorial, in the last number of the MARYLAND MEDICAL JOURNAL on the question of medical fees. The abuses which you so clearly expose in connecion with this matter are known to many of us, yet while we may growl in private we are debarred the privilege of laying our grievances before the professional public for fear of being accused of envy and uncharitableness, even if no worse intentions are laid at our doors. The facts which you have laid before your readers in the article I refer to cannot be denied. They are notorious. Who among your readers cannot recall numberless instances, where "Dr. so-and so" prescribes in his office, and even makes visits *for fifty cents?* "Dr. so-and-so" generally happens to be an old physician of a quarter or half-century standing, against whose wide experience a young practitioner's (generally) superior scientific knowledge has no chance at all with the laity. I do not deny the more experienced physician his claim to greater confidence—nay, I willingly yield to his superior wisdom. But I hold it ethically wrong for "Dr. So-and-So" to pay a visit, or give advice for fifty cents when he could get two dollars for such advice, and give some younger man an opportunity to make a dollar beside. For it is certain that the young physician would get many a patient that now goes to the old doctor, because the former cannot or will not compete with the latter in the matter of fees.

Several years ago one of my most esteemed friends in the profession said to a graduating class in an after-dinner speech, that when he was a young man all old doctors were *prigs;* but that now the case was different. While this gentleman has always proven himself the friend and helper of the young practitioner, I fear he has not truly read the character of many of his contemporaries. Many of the older physicians of the present day are still *prigs*, using this epithet in the Scotch sense.

In support of this opinion let these facts suffice:

The fee for attendance in a case of normal labor according to the "Standard Fee-Table" of the Medical and Chirurgical Faculty of Maryland is "from $20 to $100." Does not every one of your readers know that the usual fee *charged* by many who voted to adopt that table is *fifteen* dollars, and that in many cases they will take even less than that? As you tersely express it in your article, they "are quite willing to take anything they can get!" So again the usual fee for visits subsequent to the first is placed at "from 2 to 3 dollars." Is it not true that the usual charge for such service is one dollar per visit, and in many cases even less? I am sure I need not call attention to more flagrant examples. It seems, then, that this *standard* fee-table is one that does not stand!

Now, it is not so much the smallness of the fee in the two instances cited that constitutes the gravamen of the act. It is (so it appears to me at least) the deliberate evasion of what ought to be considered in the light of a statute, binding on all who have agreed to its provisions, and the demoralization consequent thereupon. Let us abolish the fee table, and every one charge what he thinks his services are worth. False pretence can not then be charged against any of us at all events

In all truth, the charges of our fee table are reasonable enough; in comparison with those of other cities of which I know, they are liberal. Every

one interested must therefore agree that the subject should be agitated But I fear it will require much more of that lucid argument which you have used to produce conviction. It's a big nail and a hard post, and it will take many blows with a big hammer to drive it home. That you have the energy and persistence to accomplish it I do not doubt. A good many of us will urge you on, and even try and help you a little.

Very truly yours,

GEORGE H. ROHÉ, M. D ,

94 S. Broadway.

DR. T. A. ASHBY,

Editor Maryland Med. Journal:

Dear Sir:—In a popular lecture on the subject of air, recently given, I made some statements regarding late investigations These have come back to me in a variety of forms, in some instances so mutilated that I must entirely disclaim the responsibility for them.

The lecture has been condensed in one place into the startling headlines: "No such thing as ozone—No such thing as malaria." The report, though not entirely correct, did not justify the headlines which have been extensively quoted, and indeed been made the subject of editorial comments in more than one paper. As I do not like to be held responsible for the spread of false notions, I give here a condensed statement of what I really did say in the lecture on air referred to.

1st. I said that carbonic acid alone in the air is not a dangerous substance even in considerable quantities. Air may contain one-twentieth of its volume of the gas and be breathed without evil effects. This has been known for a long time, and it is only strange that it is not more generally known I am not responsible for the statement, but Berzelius, Pettenkoffer and others are.

2d. I said that notwithstanding the repeated efforts which have been made in late years to detect carbonic oxide in the air of rooms they have been unsuccessful. Methods, the delicacy of which can not be adequately described, fail to reveal the presence of this gas in rooms heated by furnaces and by cast-iron stoves. There may be other things still more injurious than carbonic oxide present in the air, but in the light of our present knowledge it is hard to see why they should be called "carbonic oxide."

3d A Russian chemist, E. Schöne, who has distinguished himself by his painstaking and exhaustive studies on the subject of hydrogen dioxide in the air, has recently reviewed the evidence concerning the presence of ozone in the air and states as the result that we have no evidence of its presence. It may be present, but we have no evidence that it is, and the question concerning its presence in the air must remain open until further evidence is produced. Of course I could not have made the statement, that *there is no such thing as ozone* as it is a very well known substance in the laboratory.

My remarks concerning malaria were purely incidental. I did not say "there is no such thing as malaria." I simply put in a plea for a *more restricted use of the vague term malaria*, which every intelligent person will admit is desirable.

IRA REMSEN,

Johns Hopkins University.

Baltimore, Md., Jan. 22, 1881.

OFFICE OF PUBLIC PRINTER,
WASHINGTON, D. C.,
January 19, 1881.

Editor of the Maryland Med. Journal:

Sir:—This Office is almost daily in receipt of letters from medical men throughout the country asking where they can obtain copies of the Medical and Surgical History of the War.

To those of the fraternity interested, I take this method of informing them that a bill has recently been introduced in Congress which authorizes

the Public Printer to reprint, from the stereotype plates, an edition of 50,000 copies of each of the 4 volumes heretofore issued from the Government Printing Office. The 5th volume is now going through the press. Should the bill become a law, these books will be for gratuitous distribution by Members of Congress. Consequently, those who make timely application can, no doubt, be accommodated.

By giving the above communication a place in your valuable journal you will, I think, confer a favor on the faculty generally.

Yours respectfully,
A. F. CHILDS,
Chief Clerk.

REVIEWS & BOOK NOTICES.

Photographic Illustrations of Cutaneous Syphilis. By GEORGE HENRY FOX, A. M., M. D., Clinical Lecturer on Diseases of the Skin, College of Physicians and Surgeons, New York, etc. New York. E. B. Treat. Parts I, II and III.

Dr. Fox has been so much encouraged by the success of his "Photographic Illustrations of Skin Diseases" that he has undertaken to produce a similar work devoted to illustrating cutaneous syphilis, to be completed in twelve numbers, of four plates each. The photographic process employed is known as "artotype," whereby it is claimed a likeness is secured that will not fade with time. The plates are all colored by hand. When complete the work will form a companion volume to the "Photographic Illustrations of Skin Diseases." The three first numbers, now before us, represent syphiloderma, erythematosum, pigmentation, post-syphiloderma, leucoderma, syphiloderma papulosum, lenticulare, syph. papulosum miliare, syph. papulosum squamosum, syph. papulosum, syph. papulosum circinatem, syph. papulo-squamosum, syph. papulo-pustulosum and syph. pustulosum The plates are of unequal value, the first four subjects mentioned being treated in a charming manner. Syphilitic erythema could hardly be more perfectly shown. The maculations left after syphilitic eruption are excellently represented. Leucoderma post syph. is a condition we are not familiar with, though we have frequently seen a mottled whitish condition of the skin in negroes, which we have always attributed to a loosening of epidermic scales from a commencing desquamation. Plate VIII is of a negro whose body is covered with an eruption of papules of a perfectly white color, Such a case we have never seen; indeed, we are aware of but a single recorded case of such an eruption (by Dr. R. W. Taylor), and consequently think the place of this photograph is more properly in a museum than in a work devoted to practical information. The other plates are good, and this new work of Dr. Fox's gives promise of great value The general style is quite equal to that of his former work, and the coloring is managed with judgment.

The Mammoth Cave of Kentucky. By W. STUMP FORWOOD, M. D. Darlington, Md. Published by J. B. Lippincott & Co., Philadelphia. Fourth edition. Price $1.25.

This volume is an historical and descriptive narrative of the Mammoth Cave. It embraces the explanations of the causes concerned in its formation, its atmospheric conditions, its chemistry, geology, zoology, etc., with full scientific details of the eyeless fishes found in the cave This great natural wonder is described from observations made by the author in 1867, and from the observations of others which he has carefully collected and presented in a narrative of most charming description and rare literary grace. This book is not only scientific in its explanation of the phenomena presented by this cave,

but is a most accurate and graphic history of the cave and its surroundings, presenting to the mind of the reader information of a character to instruct and entertain all who enjoy the study of great natural wonders and who inquire into the causes which have led to their formation. Nature does nothing by chance, and we observe in the study of this cave the beautiful order and system in which she works. We get an insight into those causes which underlie her hidden operations, and which, with ceaseless energy, are ever employed in executing changes and in modifying her conditions. The author makes his reader familiar with the geological conditions induced by atmospheric and chemical agencies, and shows very clearly how these agencies have operated in the production of a vast underground world, inhabited by animal life which nature has seemingly adapted to the darkness which prevails. In the chapter on "the eyeless fishes of the cave," we have presented many questions of scientific interest and the views of eminent scientific writers who have made a study of the causes which have occasioned this peculiar condition. This book is written for the general public, but it possesses a certain amount of value to every one interested in the study of nature. We scarcely know which to admire most, the charming narrative or the clear scientific picture presented to our mind. We recommend the book to all of our readers.

Compendium of Microscopical Technology. By CARL SEILER, M. D., late Director of the Microscopical Section of the Academy of Natural Sciences, Philadelphia. D. G. Brinton, publisher. Philadelphia, 1881.

This book is designed as a guide to physicians and students in the use of the microscope, and in the preparation of histological and pathological specimens. It is not so comprehensive as to confuse the student by descriptions of methods of examination and preparation of objects which are frequently incomplete by the omission of minor details. The author has aimed to give a clear and short account of processes which a beginner can easily comprehend and apply. The volume seems to possess much merit, and will greatly aid a student beginning the study of the microscope. It is well illustrated and well written.

Hand-Book of Urinary Analysis; Chemical and Microscopical. For the use of Physicians, Medical Students and Clinical Assistants. By FRANK M. DEEMS, M. D., Laboratory Instructor in the Medical Department of the University of New York, etc. 12 mo., Limp Cloth, 25 cents. New York: Industrial Publication Co.

The Manual presents a plan for the systematic examination of liquid urine, urinary deposits, and calculi. It is compiled with the intention of supplying a concise guide, which, from its small compass and tabulated arrangement, renders it admirably adapted for use, both as a bed-side reference book and a work-table companion. The author is well known as one who has had for several years a very extended experience as a teacher of this important branch of physical diagnosis, and he has compiled a manual which will serve to lessen the difficulties in the way of the beginner, and save valuable time to the busy practitioner.

NEW BOOKS RECEIVED.

"*Is Consumption Contagious?*" By HERBERT C. CLAPP, A. M., M. D., Boston, Mass. Published by Otis Clapp & Son, Boston, 1881. Pp, 178.

"*Medical Heresies Historically Considered.*" By GONZALVO C. SMYTHE, A. M., M. D. Presley Blakiston, publisher, Philadelphia, 1880. Pp. 218.

"*Cold Pack and Massage in the Treatment of Anæmia.*" By MARY PUTNAM JACOBI, M. D., and VICTORIA A. WHITE, M. D. G. P. Putnam's Sons, New York, 1880.

Transactions of the American Medical Association, Vol. 3, 1880. Collins, printer. Philadelphia, 1880. Pp. 1148.

"*Differential Diagnosis.*" By F. M. HAVILLAND HALL, M. D., London. Second Edition, edited by FRANK WOODBURY, M. D., Philadelphia. D. G. Brinton publisher, 1881.

"*How to Use the Forceps.*" By H. G. LANDIS, A. M., M. D. E. B. Treat, publisher, New York, 1880.

"*Medical Diagnosis.*" By J. M. DA COSTA, M. D., Philadelphia. Fifth Edition J. B. Lippincott & Co, 1881. Pp. 906.

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"*A Treatise on the Principles and Practice of Medicine.*" By AUSTIN FLINT, M. D. Fifth Edition. Henry C Lea's Son & Co., Philadelphia, 1881. Pp. 1127.

"*An Elementary Treatise on Practical Chemistry and Qualitative Inorganic Analysis.*" By FRANK CLOWES, D. Sc. Lond. From Third English Edition. Henry C. Lea's Son & Co., Philadelphia, 1881. Pp. 364.

"*The Bacteria.*" By DR. ANTOINE WAGNIR. Translated by GEO. M. STERNBERG, M. D. Little, Brown & Co., Boston, 1880. Pp. 222.

"*Comparative Therapeutics.*" By S. O. L. POTTER, M. D. Duncan Brothers, Chicago, 1880.

ANNUAL MEETING OF THE BALTIMORE MEDICAL AND SURGICAL SOCIETY.—The annual meeting of the above named society was held at the residence of the president, Dr. T. B. Evans, No. 22 Jackson Place. A large number of members were present. The following officers were elected for the ensuing year: President, Dr. A. B Arnold; Vice Presidents, Drs. J. H. Scarff and R. W. Mansfield; Corresponding Secretary, Dr J. W. Chambers; Recording Secretary, Dr. G. F. Taylor; Treasurer, Dr. H. T. Rennolds; Reporting Secretary, Dr. J. W. P. Bates; Executive Committee, Drs. T. B. Evans, D. W. Cathell and J. S. Lynch; Committee on Lectures and Discussions, Drs. G. H. Rohé, E. M. Reid and M. B. Billingslea; Committee of Honor, Drs. A. F. Erich, G. W. Hamill and G. Liebman.

After the election of officers the Society was treated to an elegant supper by the retiring president, Dr. T. B. Evans. The evening was spent in much social enjoyment. The Baltimore Medical and Surgical Society meets every Wednesday, at 8 o'clock P. M., at the corner of Baltimore and Eden streets. It is a vigorous organization and is doing a good professional work. Reports of its meetings are being published regularly in this journal. These reports will be found to contain a variety of practical and useful reading matter. The coming year promises to be one of marked progress in its annals as much new life has been infused into its meetings.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, FEBRUARY 1, 1881.

EDITORIAL.

HOW SHALL THE DOCTORS GET MORE MONEY?—A correspondent to the *Louisville Medical News*, under the signature of "One of Them," discusses the above question in such a matter of fact and sensible manner that we give place to a greater portion of his remarks. In our last number reference was made to the "causes which degrade medical fees," and the business relations of the profession were treated from an opposite standpoint to those discussed in the following communication. Our remarks were made with special reference to the wrongs which physicians heap upon themselves by their own carelessness or want of business management in asserting their business rights. In this correspondence we have presented the business man's view of his obligation to his physician. "One of Them" is evidently a man of business experience. His rule for making "more money to the doctors" is a business like view of the question, and one which should be considered. We give space elsewhere to a communication from Dr. G. H. Rohé, of this city, who very generously comes to our rescue with suggestions bearing upon the subject of "Medical Fees." The importance of this subject must be an apology for the amount of space we have given to it. We do not wish to appear in the rôle of fault-finder with any member of the profession who may differ with us upon the question of medical fees It is our desire rather to point out a system of practice which has been attended with bad results to the profession, and to agitate this matter with a view of eliciting remarks from others. Surely a fault exists somewhere, and something needful should be done to place the profession on better business relations with each other and with the public. We can name a dozen men in this city who have done much to elevate the tone and dignity of medical fees. These men place a just value upon their services and receive a full remuneration for their work. As a result they are well compensated for the time they give to their cases and enjoy ample leisure for scientific work and social engagements. On the other hand, we can name a dozen more who pass sixteen hours out of every twenty-four ringing door-bells or riding over cobblestones for twenty-five cents a visit (when they can't get more). These men have no time for other work than that of visiting patients. They take pride in boasting of the large number of cases on their call-list. When men of high professional ability and standing stoop to degrade the profession by doing work for paltry sums or merely to satisfy a pride of being known as busy practitioners, how is it possible for the younger members or lesser lights in the profession to gain a livelihood? Clearly the latter can not come into competition with the former, and they are forced, as a matter of necessity, to charge just what they can get. In this manner we have our "medical fees" reduced to mere starving rates, the profession is impoverished and the standard of medicine lowered. "One of Them" remarks:

"The first step toward more money is to place the money aspect of the profession on the same footing with every other business. You have credit in any business house in the city *for thirty days*, but at the end of thirty days you are expected to pay, and a bill is sent. If Mr. Marshall makes you a pair of boots he asks for the money at the end of the month. Mr Hibbitt will sell you the groceries you need and wait till the month runs out. Sid Platt will make you half a dozen shirts and send them to you neatly folded, but asks for pay in thirty days, and *expects* it. The New York Store sends you dry goods, and McKnight sends you carpets, the butcher furnishes steaks and mutton chops, and

you know exactly the amount of your account in thirty days. Mr. Winter will sell you the best suit in his house, and you are reminded in thirty days of the exact cost. The sum total of all these things is a hundred or two dollars. In the meantime you have made a hundred or two dollars, but when do you expect to get it? Certainly not till the 1st of July. How are you going to pay unless you have a bank account, and how many doctors have? You will be bankrupt at the end of the first month.

"All the gentlemen from whom you have made purchases during these thirty days have had their families cared for by some medical man among your friends, and while each of them has demanded payment for services rendered, not one of them has paid his medical adviser. Then I say the dollar-and-cent aspect of the profession must be placed on a footing with any other business, and there is nothing in the nature of things which forbids it. Your service in adjusting a fracture or treating a case of pneumonia is just as important to the clothier or the carpet merchant as his overcoat or his carpet is to you. He puts in capital, and must get a per cent in order to live. Your capital, instead of gold and silver, is special education, experience, skill, and upon this capital you have just the same right to a per cent that the merchant has. The difference between you is the readiness with which he demands his interest and the tardiness with which he pays yours.

"Establish this as a rule, and I think I see 'more money to the doctors.'"

DEATH FROM AN ANÆSTHETIC IN VIENNA.—A correspondent to the *Boston Medical and Surgical Journal* from Vienna, reports a case of death from an anæsthetic consisting of a mixture of 90 parts alcohol, 90 parts ether and 300 parts chloroform. This mixture was administered to the patient in the usual way, and after a few minutes respiration had ceased. Every method was used to restore life without success. The patient, a weakly boy of fifteen years, was suffering from a dislocation of the left hip. The anæsthetic was administered for the operation of reduction of the dislocation. Prof. Billroth was the surgeon in charge of the case, and the death occurred in his operating room at the Vienna General Hospital.

It has not been long back since the *British Medical Journal* was deeply exercised over the frequency of deaths from chloroform in Great Britain, and in our own country the medical press has been more or less exercised upon the same subject.

Of late a large number of chloroform deaths have been reported showing a decided fatality following the administration of this anæsthetic. This report coming from Vienna, and from one of the world's greatest surgeons is quite suggestive, though not conclusive as to the cause of death. It will be noticed that the anæsthetic was a compromise between ether and chloroform, in which there was 1 part of the former to 3.30 parts of the latter, the alcohol not considered. This anæsthetic mixture, we are told, has been used for nine years by Prof. Billroth, and this is the first death, though two deaths occurred in quick succession from the use of pure chloroform. The autopsy in this case eliminated any possible morbid condition as the cause of sudden death, though the condition of the pupils, heart and lungs pointed to a quick-coming paralysis of the different branches of the sympathetic nerve. The death was clearly due to the anæsthetic. No intimation of carelessness in its administration. The question suggested is, which anæsthetic destroyed life, the ether or chloroform, or was the death due to the combination? In as much as more than three parts of chloroform were inhaled to one of ether, it might be fair to attach all censure to the former.

With due deference to the judgment of the distinguished surgeon who employs this mixture, we protest against such combinations. We see no special merit in combining two anæsthetics in this manner. When ether first began to be used as a substitute for chloroform, it was the custom with a number of surgeons to combine the two anæsthetics in varying proportions. This habit is still observed by a few. We have always regarded it as a doubtful compromise, and as an illogical practice. It is clearly proven that chloroform will destroy life in certain persons regardless of the quantity used or the care employed in

its administration. If it is safe to employ it at all, it is safe to administer it unadulterated, and upon its known physiological effects. If it is unreliable *per se* how can an admixture with ether provide against such casualties as have happened to Prof. Billroth? This fact seems to be lost sight of by those who favor the admixture of chloroform. These two anæsthetics are administered upon entirely different principles. In chloroform administration an admixture of large quantities of air is absolutely essential, whilst with ether air should be excluded, and the pure vapor inhaled. The combination must prove either hazardous, or inefficient in accordance with the rule employed.

MISCELLANY.

About Medical Journals.—The *American Medical Bi-Weekly*, which was discontinued in October, 1879, on account of the extreme illness of its editor, Dr. E. S. Gaillard, is now, upon his entire recovery, restored to its position among the long established medical journals in this country. The *Bi-Weekly* is published in New York city. We again welcome this journal to our exchange list, and wish its able and untiring editor the success he so well deserves for his vigorous efforts in behalf of medical literature.

The *Annals of the Anatomical and Surgical Society of Brooklyn* makes an appearance in the January number, under the name of the *Annals of Anatomy and Surgery*. This journal has been enlarged and greatly improved. It stands at the very head of scientific publications, and to students of anatomy and surgery can not be dispensed with. It is published monthly, by G. P. Putnam's Sons, New York, and is edited by Drs. L. S. Pilcher and George R. Fowler, of Brooklyn.

Dr. J. Marion Sims' Illness.—Dr. J. Marion Sims has been suffering from a severe attack of crupous pneumonia, but is now out of danger and on the road to recovery. The profession is to be congratulated that the life of this great and good man has been spared for further service in behalf of scientific medicine.

Death of Dr. S. T. Knight.—Dr. Samuel T. Knight, a prominent and well known practitioner, died at his residence in this city, January 21st, at the age of 64. Dr. Knight has been a frequent contributor to medical literature, and had many friends in the profession. He enjoyed a large general practice, but during recent years gave special attention to obstetrics and gynecology. He leaves a large number of friends to lament his decease.

A Serious Accident to a Physician.—Dr. C. H. Jones, one of the most popular and well known physicians in this city, recently received a painful and severe fracture of the tibia and fibula by falling upon the ice. He is under the surgical care of Prof. L. McL Tiffany. Dr. Jones' many friends will join with us in wishing him a speedy recovery and in expressions of sympathy over his painful misfortune.

A brief, practical paper on Dengue was read by Dr D. C. Holliday, of New Orleans, before the American Public Health Association. During the recent epidemic of dengue Dr. Holliday had treated over two hundred cases, and in order to complete his observations corresponded with over sixty physicians in various parts of the State. The conclusions from his experience and answers to questions sent are formulated as follows:

(1.) Dengue is not malarial; monoxysmal type continued; remittent; duration from three to five days; not fatal.

(2.) Extremely sweeping; no age, sex or color exempt; no respect for previous attacks of yellow fever or dengue.

(3.) The eruption or efflorescence occurring in forty per cent. of the cases, showing no uniformity in char acter or appearance.

(4.) Temperature often very high; suffering excessive; prostration often great.

(5.) Albumen reported in a sufficient number of cases to dispute the assertion that it is never found.

(6.) The tendency to hæmorrhages positively proven; generally slight, sometimes serious, rarely or never fatal.

Small Pox in Baltimore.—Several cases of small pox have developed in this city during the past ten days. The health commissioner very properly recommends that vaccination be made general throughout the city. In view of the prevalence of small pox in other places, physicians should enjoin upon families the importance of revaccination, and should inquire whether children born since tne last small pox scare have been vaccinated. There is no reason for an alarm such as was experienced some mon'hs ago, but it is the duty of the profession to quietly recommend a precaution which can not result otherwise than in good to the patient.

An Apology.—This number of the Journal has been delayed by causes beyond the publishers' control. We beg to assure our readers that such an occurrence shall not happen in the future if within our power to prevent.

The Graduating Class of the College of Physicians and Surgeons organized by electing officers, as follows: President, E. A. Gibbs, Virginia; vice-president, D B. Sprecher, Maryland; secretary, E. George Keitt, North Carolina; treasurer, B. F. Nolan, Virginia. Committee of arrangements, B. F. Moore, Tennessee; R. S. Martin, North Carolina; E. W. Toole, Pennsylvania; J. J. Powers, New York; E. C. Disbrow, New Jersey. Com mittee on invitations, G. D. White, Virginia; E. P, Riggs, Alabama; G. D. Compton, Georgia; H. D. Small, Maryland; C. D. Chidester, Ohio. The commencement exercises will be held March 1, at the Academy of Music.

A Change of Location.—The office of the Maryland Medical Journal has been moved to handsome and convenient quarters, at No. 5 S. Howard street, a central and very ac cessible portion of the city. It is in easy reach of hotels and depots, and offers a good loafing place to any of our medical friends who may be visiting the city. We cordially invite our many friends to call to see us during their trips to Baltimore.

An Enormous Industry.—During the year 1880, Reed & Carnrick, of New York, manufacturers of maltine, made an average weekly shipment of forty barre'ls of maltine to Europe. This represents 1600 gallons or 12,800 bottles, or an annual consumption of 673,600 bottles. The demand for maltine in the United States increased 100 per cent. during the year. Over 62,000 bushels of grain were consumed in the manufacture of the preparation. An article which meets with such an enormous consumption must possess more than ordinary merit. Such, in fact, has been the verdict pronounced by many prominent members of the profession.

Sensible Act.—The Health Board of New York city has passed an ordinance which inflicts a penalty of $250, and a possible imprisonment of six months in the penitentiary, upon all individuals issuing invitations to the funerals of persons who have died of contagious diseases.

Dr. Edward H. Dixon, at one time editor of a semi-monthly medical journal, known as the *Scalpel*, died recently at the age of seventy-two years.

Temperature in Diphtheria.—Extract from proceedings of the New York Pathological Society (*Medical Record*):

Dr. Ripley said that as a matter of fact it was not necessary to the production of albuminuria in these cases to have either lung complication or high temperature; that with low temperature, and with no lung trouble, casts were often found in the urine. As a rule, diphtheria was not accompanied with a high temperature; indeed, the worst cases had very often a low temperature.

Dr. Robinson said that it was very rare in his experience to see a case of diphtheria die from the disease uncomplicated with the lesion of some internal organ.

Dr. Ripley was surprised to hear such a statement, as patients were known to die of the poison within twenty-four hours after the invasion, and before there was time for any special lesion to show itself.

Dr. Robinson stated that he had thirty very thorough post-mortem examinations during an epidemic of diphtheria, had watched the cases from the inception of the disease, and his statements were founded upon the facts which such a study demonstrated.

Dr. Lewis Smith remarked that in malignant cases during the first forty-eight hours the temperature was usually low When such cases continued for four or five days they were attacked with nephritis.—*Ex.*

Epilepsy from Foreign Body in the Ear.—Dr. Katz, of Berlin, states, in *La Presse Medicale Belge*, that he had recently under his care a woman, thirty years of age, who had never shown the least sign of hysteria or any disease of a nervous origin. For a year she had had very troublesome noises in the ear, and about the same time became subject to epileptiform attacks, at intervals of one or two months. All the means employed to cut short these attacks were fruitless. When Dr Katz saw the patient, at the end of last year, he was not long in discovering at the bottom of the left auditory meatus a black mass, which was extracted with some difficulty, and was found to consist of a roll of cotton wool covered with cerumen. Freed from this foreign body, the woman found herself relieved at the same time of the disagreeable sensations in the left ear, and the convulsive fits.—*Ex.*

Preservative Fluid.—The preservative fluid of the Grecian government is made up of: Alum, 100 parts; common salt, 25; nitre, 12; potass. carb., 60; arsenic, 10; and water 1,000 parts. Mix, cool and filter. Then add to ten parts of this fluid, by measure, four of glycerine and one of methylic alcohol. Bodies saturated in this will, it is claimed, keep for years their form, color and flexibility. The method is partly by injection and partly by immersion. The smaller objects of natural history collections, as snakes, birds, fruits, butterflies, algæ, etc., are preserved as perfectly as larger bodies. Dr. Wickerscheimer was the inventor of the process, the patent for which has been purchased by the government, and then by it the composition has been made public.—*Mich. Medical News.*

Skin Absorption.—Fleischer (Virchow's *Archiv.* LXXIX, p. 558) strongly opposes Lassar's views as to the permeability of the uninjured human skin for various drugs, either dissolved in water or in oily substances. He finds that so long as the epidermis is intact, no absorption occurs, and holds that Lassar's cases of albuminuria after styrax applications for itch, and of olive-green urine after tar ointment had been rubbed on, are valueless, as the presence of scabies, eczema, and of other lesions of the epidermis in Lassar's cases makes any transference of the results observed in them to the intact skin quite fallacious.—*Archives of Dermatology.*

Inunction to the Feet.—For many years I have recommended the application of inunction to the feet. It should always be applied to them after they have been bathed in warm water, but it may be applied with benefit in connection with friction alone. This application assists in preventing the feet from sweating and from becoming cold; besides, it has a softening effect on hardened and ingrowing toe-nails. For this purpose vaseline is far superior to any oil, as it does not become rancid even on the feet.

If there is any fœtor arising from the feet, salicylic acid grs. v, and hydrate of chloral grs. x, ad ℥j of vaseline, will after a few bathings and anointings correct this condition, except in rare instances.—*Dr. Rumbold's Hygiene of Catarrh.*

Treatmene of Bromide Rash by Salicylic Acid.—Mr. Prowse, of Cambridge, says that salicylic acid, applied locally, is a very effective and certain remedy for the pustules and peculiar ulcerations that are caused by the prolonged use of bromide of potassium He uses a saturated solution of the acid (one grain to the ounce of water) and applies it frequently, and where possible, constantly by means of lint and oiled silk. He states that he has seen sores as large as the palm of the hand, due to the bromide, heal soundly in less than seven days under the use of this lotion.—*Brit. Med. Journal.*

Menstruation after Removal of the Uterus—Dr. Tillaux reported to the Academie de Medicine, Paris, August 31, the case of a woman in whom he had removed the body of the uterus sixteen months previous. Menstruation returned more frequently and in smaller quantities from the remaining portion. Another woman continued to menstruate after a removal of the ovaries—*Chicago Medical Journal.*

The Antiseptic Cat gut Ligature.—Dr. Lewis A Stimson in an able communication compares the results obtained from the use of the cat-gut ligature with those from the silk ligature, and gives the preference to the former in point of actual safety, as shown by statistics of the two when employed in similar operations It is held that an examination of the vessels after using the cat-gut ligature, shows that it does, as a rule, divide the artery completely, that it occasions much less irritation than the ordinary thre d, that it may become encysted and absorbed, or it may exceptionally be cast off by ulceration, but even in this case it occasions less local reaction than the silk cord. The fears of the softening of the ligature prematurely are shown not to be founded on fact, and subsequent swelling may be obviated by placing the ligatures in carbolized water before the operation Finally, a preference is expressed for applying the antiseptic cat-gut ligature in a single cord, around the artery, with sufficient force to divide the inner and middle coats because it is more certain to accomplish the object of the operation, and because the danger of secondary hemorrhage, sought to be avoided by leaving the coats unbroken, does not appear to be sufficiently great to make it worth while to incur the risk of failure to accomplish the principal object of the operation that is involved in the proposed modification. — *American Journal of the Medical Sciences for January, 1881.*

In corresponding with advertisers, please mention the Maryland Medical Journal.

MEDICAL ITEMS.

Prof. Billroth has dispensed with the most inconvenient and disagreeable part of Lister's antiseptic method —the spray—and now uses in his clinics simple irrigation with an antiseptic solution = The Philadelphia Academy of Surgery offers a prize of five hundred dollars for the best essay on the Surgical Pathology and Treatment of Tumors, or Morbid Growths of the Testis, Scrotum and Spermatic Cord, to be open exclusively to American Surgeons. The award will be made in January, 1884, by a committee of five fellows=Dr. C. F. Folsom has been appointed superintendent of the Danvers Insane Asylum=The total expenditure for the support of charitable institutions, public and private, in the State of New York for the past year, reached about $8,000,000 =Morris, Ill., has a population of about 4,000; out of a total of 217 deaths during the past nine months, 115 were caused by diphtheria=During the past year there were 3,894 deaths in New York city from zymotic diseases, "influenced or aggravated," says *Registrar of Vital Statistics*, by defective plumbing allowing sewer gas to enter the sleeping apartments of the victims=Dr. L. S. Joynes, a prominent physician residing in Richmond, Va, recently died in that city at the age of 62. Dr. Joynes was well known to the profession as a man of decided culture and ability. He was professor of Practice of Medicine in the Medical College of Virginia at the time of his death=The external method of examination of pregnant women is practiced by preference in Vienna. It is claimed that the position and presentation of the child can be in almost all cases accurately determined without vaginal examination, which latter may give negative results, is objectionable in private practice, and may induce rupture of bag of waters. =Prof. Wm. Pepper, barely 37 years of age, has been elected by the trustees "Provost" of the University of Pennsylvania, a position of high trust. It is said that it has been through his energy the Medical Department of the University has been set on her legs, rejuvenated and placed in her present high position=M. Chevreul, at the age of ninety-five, is an indefatigable worker in the laboratory. He has completed his fiftieth annual course of lectures on the Application of Chemistry to Organized Bodies at the Museum of Natural History= Prof. Hunter McGuire has resigned the chair of Surgery in the Medical College of Virginia, at Richmond. His loss to this institution will be much felt, as he stands at the head of the list of Southern Surgeons=Two thousand two hundred and fifty physicians have registered in New York city since the passage of the New York medical practice act = Prof. Bernard Von Langenbeck, of Berlin, recently completed his seventieth birthday. The occasion was made one of general congratulation by the Emperor and Empress and distinguished medical friends, including Esmarch, Billroth, Busch, Hueter and others = "Listerism," after a long struggle, has now many champions among the Surgeons in Paris=Much attention has been excited lately in London by the numerous deaths from chloroform. Within the last three months eight deaths from chloroform have been recorded in the *British Medical Journal*, seven of which occurred in Great Britain=One hundred and fifty American medical students are reported registered in Vienna, of this number New York and Boston furnish one-half; Chicago 4; St. Louis and Cincinnati 3 each. None reported from Baltimore=Dr. Tanner has made arrangements with Dr. B. W. Richardson, of London, to fast there =Sir Benjamin Collins Brodie, Bart. D. C L. F. R. S, the eldest son of the late eminent surgeon of the same name, is dead=During the year 1879, 1,982,620 lbs. of horse flesh was used as food in Paris.

MARYLAND MEDICAL JOURNAL,

PUBLISHED ON 1st AND 15th OF EACH MONTH.

THOMAS A. ASHBY, M. D., Editor.

WHOLE NO. 56. BALTIMORE, FEBRUARY 15, 1881. VOL. VII, No. 20.

ORIGINAL COMMUNICATIONS.

LECTURES.

MEDICINAL ERUPTIONS.

(Continued from last number)

BY I. EDMONDSON ATKINSON, M. D.

Clinical Professor of Dermatology, University of Maryland.

LECTURE 3.—PART 2.

(A Course of Three Lectures Delivered During the Preliminary Term (September 27th, 28th and 29th, 1880), before the Medical Class of the University of Maryland.)

ERUPTIONS FROM LOCAL CONTACT.

Cutaneous eruptions due to the irritation of substances locally applied may be divided into those that follow the accidental contact of such matters, those that result from professional callings, and those where the agents are designedly applied with a view to their exerting a therapeutic action. This last class may again be subdivided into eruptions that invariably follow the application of certain substances which are employed with the definite intention of exciting them, and into those whose appearance is unforeseen, occurring only occasionally, and resulting from the application of remedies whose usual effects are quite different.

Eruptions due to accidental contact with noxious substances need not be discussed in this lecture. They are such as result from the action of heat and cold (dermatitis calorica), from traumatism, from contact with poison oak and other poisonous plants, various chemicals, aniline dyes and a multitude of other irritants, and for the present need interest us no further. Persons whose occupations require prolonged or repeated contact with various chemical (not acting as caustics) are liable to different forms of eruption, depending upon the nature of the substances, the parts exposed to their action and the susceptibility of the individual. Eruptions of this class are most frequently encountered in workers in arsenic, mercury, copper, sulphate of quinine, dye-stuffs and a number of other matters. You have all heard of baker's itch, washerwoman's eczema, etc., resulting from the constant exposure of persons engaged in such occupations to continued irritating influences.

These professional eruptions, as they have been called, consist in a variety of manifestations, but I desire at present to pass them by, and to

proceed to consider only those affections that are evoked by contact of the skin with certain medicinal agents intentionally applied.

It will not profit to delay over the various exanthems that may be expected, with reasonable confidence, to follow the application of certain drugs, wherever and whenever used. The erythema produced by the powder of mustard, the vesicular eruption following the external use of croton oil, the pustular rash that tartarized antimony produces, the blebs caused by the blistering action of cantharides are all perfectly familiar to you. These and kindred substances possess in themselves the definite property of producing eruptions when placed upon the skin, with almost unvarying certainty. Such eruptions I shall not consider further than to call your attention to the illegitimate uses that these drugs are sometimes put to, in the hands of unprincipled persons, for the purpose of simulating disease. A knowledge of the peculiar properties of agents of this class has not unfrequently enabled dishonest persons to practice successfully, deception of the public, and even of physicians. Soldiers, sailors, prisoners, paupers, vagrants, hospital cases, even children often make use of them for the purpose of evading the performance of duty, of appealing to the sympathies of the public, of facilitating opportunities to escape, etc. In almost every hospital prolonged residence in the wards has been secured by the successful practice of one or the other of these devices. Quite recently the public prints have told us of a prisoner effecting his escape after having imitated the eruption of small pox, by the application of croton oil to his integument, securing the desired opportunity during removal to the pest hospital. Bazin tells of a person who had enjoyed a hospital residence for years, by destroying through irritating medicaments during the night, the benefit that appropriate remedies had afforded during the day. Indeed, army and navy surgeons are familiar with such practices ; they are very frequent, and the ingenuity of such malingerers often perplexes and baffles the medical man, however intelligent.

Such eruptions I shall discuss no further, but will proceed to consider those that are unlooked for, and undesirable results of remedies applied with the object of eliciting an entirely different action. They are for the most part unfrequent evidences of individual susceptibility. They usually occur without premonition, and in those persons liable to them, more or less constantly.

The number of drugs capable of exciting cutaneous eruptions by local contact, is indeed immense, and I cannot hope even to name them all to you. I will have to be content with enumerating some of the most important, and with briefly describing the cutaneous eruptions to which they may give origin.

The local application of various mercurial preparations occasionally provokes inflammation of the skin, having eczematous characteristics. Eruptions of this kind are not very uncommon and follow the use of ordinary mercurial ointment more frequently than that of any other preparation. They occur in different degrees of severity, and are not always limited to the part to which the application has been made ; for example, mercurial inunction of the groin is sometimes followed by an eczematous eruption of the scrotum. I do not desire to speak of the simple erythema that so frequently arises from the inunction of the ointment, though this may perfectly well pass into the more formidable eczema. This latter begins most often with some redness and œdema of the part to which the application has been made. These symptoms are accompanied by sensations of burning and tingling, and vesicles of minute size do not delay to make their appearance. These are

of pin-head size, and tend to involve the orifices of the hair follicles. At this time there is added quite intense itching. If now the inunction is discontinued, the eruption may subside, the vesicles may dry into thin scabs and restitution to health be soon established after slight branny desquamation. This mild form is quite without febrile reaction or evidence of constitutional derangement, and runs its entire course in from one to two weeks. At other times the affection may be much more severe from the first, or the form we have just considered may become aggravated. Then the swelling, burning pain and itching become more intense, the vesicles are of larger size, passing over into pustules which dry into moderately thick scabs or give place to the discharging lesions of eczema rubrum. With this condition may be associated, fever, furred tongue, headache, in a word, evidences of profound systemic perturbation. The course of the eruption differs from simple eczema, however, in its tendency to subside rapidly after its exciting cause has been removed. Though similar symptoms may be produced by the internal use of mercury, it is more than likely that the eruption following mercurial inunction is to be reckoned to proceed from ordinarily severe local irritation, while that following the internal administration of the drug must be regarded as an evidence of idiosyncrasy. It is not improbable that occasionally the untoward results of local application of mercurial ointments must be attributed to skin irritation from fatty acids present in ointment that has become rancid. This point is worthy of attention. Mercurial eczema of local origin offers no special gravity, but may be very annoying and painful from the discharge, the burning and itching that accompany it. Bland and soothing applications afford gratifying and immediate relief. Among them may be mentioned the benzoated, oxide of zinc ointment, linseed oil and lime water, cold cream and applications of similar nature.

Great as is the value of tar and the substances related to it, in dermal therapeutics, they are not altogether unmixed blessings, as is shown by the sometimes violent eruption that may be ascribed to their influence. Every one knows, of course, that tarry preparations are not appropriate in the treatment of most acute cutaneous affections. They tend to promote and increase the acute inflammatory action, and even in more chronic processes, such as chronic eczema, while their usual action is altogether beneficial, they sometimes cause the affection to light up with renewed activity and to spread over large surfaces. Eczematous inflammations may even be excited by the influence of these preparations applied to the healthy skin, and great circumspection must be exerted in their use. Such results are, however, simply the effects of violent irritation and are not different from any eczemas produced by irritants.

There is a form of eruption, however, whose appearance after the use, either internal or external, of tarry preparations has been so frequently observed that the name tar acne has been given it. Its symptoms are, in a measure, specific, and deserve, as they have received, the close attention of investigators, whose descriptions essentially agree.

Persons who work in an atmosphere laden with tarry vapor, those who, for whatever purpose, bring tar or any of its prepartions into contact with the skin over extended surfaces or for prolonged periods are liable to it. Upon them the tar acts both externally, as a local irritant, and internally, by absorption, where it produces the cutaneous disorders and systemic symptoms with which we have already become acquainted. Where large surfaces have been smeared with tar ointment or the oil of cade, or similar preparations, for the treatment of

various skin affections, psoriasis, for example, the acne is apt to be induced. It begins, preferably, upon the extensor surfaces of the lower extremities, but may appear upon any hairy part of the body as little papules perforated by hairs, around which little black spots are strikingly visible; these papules become pustular at their apices and attain much larger dimensions, sometimes equalling a hazelnut in size, always remaining surmounted by the tiny deposit of tar, obstructing the duct. This eruption may acquire formidable proportions and cause an unsightly disfigurement. The papules and pustules become surrounded by reddened areolæ, which, coalescing, sometimes occasion extended erythematous surfaces. This acne may be accompanied by violent systemic disturbances from absorption of the tar, and may continue for some time. This, however, should never be allowed, since the acne quickly subsides after the exciting cause has been removed. It seems probable that tarry vapor in close atmospheres is capable of producing the acne, apart from any effect of internal absorption, since the local symptoms alone may be evoked in this manner. Occasionally the morbid action does not remain restricted to the production of acne, but furuncle, abscess may result.

The alarming symptoms that may accompany tar acne depend upon systemic absorption of tar. The purely local affection is of no important moment, and subsides within a short time after the use of the preparation has been abandoned.

Formerly sulphur enjoyed a reputation as a remedy for skin diseases far beyond any that it now has. This was due partly to the highly successful results following its external use in the days when the true nature of scabies remained unknown, and when the specific action of the drug in this disease, gained for it great estimation in all. It exerts, however, a highly beneficial influence upon a number of skin affections independent of the acarus, and although it is not employed so extensively in this country, where scabies is so unfrequently encountered, as it is in foreign nations, it is sufficiently often used to enable one to occasionally observe cutaneous eruptions excited by its action when locally applied. It is not very uncommon to witness well marked eczema in persons who have used sulphur ointments at all extensively. The eruption may vary from a transient erythema to an intense eczema rubrum, or even to the formation of abscess. Such results may be occasioned by sulphurous remedies whether in ointment, lotion or bath. One form of sulphur eruption is an accumulation of tiny vesicles upon a reddened base, becoming later, pustular. The sulphides of calcium sometimes produces lively irritation when used externally.

Since Balmanno Squire first made public the great value of chrysophanic acid or chrysarobin, as it appears to be more properly called (a substance obtainable from goa powder, a remedy of great repute in India against ringworm, and of which it composes about 80 per cent.), in the treatment of psoriasis (*Brit. Med. Jour.*, Nov. 3, 1877. Essays on the treatment of skin diseases, No. 4, 1877), it has rapidly increased in popularity and now justly enjoys the reputation of being the most efficacious remedy we have for the treatment of psoriasis. Its influence is indeed, in most cases of this affection, marvellous. But almost immediately there were recognized several objections to its use that can hardly fail to prevent its exclusive adoption in the treatment of psoriasis. These are the deep purple brown discoloration imparted to the skin and linen, and the sometimes violent irritation often produced by it and extending beyond the limits of its application.

This erythema begins in that part of the skin to which the chrysarobin

ointment has been applied. As mentioned, it may greatly exceed these limits, occasioning in the face severe œdema. Burning and itching are experienced, but soon subside. After a few days desquamation follows and the normal condition becomes reestablished. The erythema may be, owing to its arrangement around hair follicles, punctiform (Neumann). An eruption like erythema iris has also been noticed, in which "bean-sized nodules, raised above the skin level, with dark centres and bright red peripheries," are developed. (Neumann, *Lehrbuch der Hautkr. Wien.*, 1880, p. 296). Inflammation of the conjunctiva is also apt to occur and must be guarded against. Acne and even furunculosis are likewise results that may possibly be encountered. The erythema thus occurring may involve the whole body. Fortunately no more serious consequences than these have been observed, but in prescribing chrysophanic acid or chrysarobin, you will need to be upon the alert to avoid these disagreeable complications. Farquharson has asserted that where erythema is developed in this manner, there exists between the erythema and the old diseased surfaces an area or zone of perfectly healthy skin, "a leaf, as it were, from the focus of irritation to a cutaneous area some little distance beyond."

How advantageous remedies capable of controlling these unhappy obstacles to the more complete value of chrysarobin in the treatment of skin disease, would be, is reality seen; and undoubtedly much attention will be devoted to the discovery of such agents. Recently Scarenzo, of Milan (*Giornal. Ital. delle Mae. delle Pella.*, 1879, p. 263. *Annales de Dermatologic et de Syph.*, 1880, 627), claims to have avoided both the staining and the erythema by protecting the unaffected portions of the integument by a castor oil collodion. Should this experience be confirmed, it cannot fail to have an important influence in extending the usefulness of the remedy.

A popular remedy of almost universal repute is arnica, and few are the households where the domestic chests do not contain a bottle of the tincture, which is produced whenever a sprain, a cut or a bruise is to be dressed. The medical attendant is accustomed to bear with it and to regard it as a rather inoffensive nuisance. There can be no doubt, however, that it is at any time capable of exciting severe and even dangerous inflammation. Prof. Jas. C. White (*Boston Med. and Surg. Journal*, Jan. 1875,) has shown how acute eczema may follow its local use, running through the stages of papulation, vesiculation, moist discharge, crusting and scaling. Much more violent dermatitis has been excited by this drug with formation of large blebs (Hebra), and Farquharson has seen it occasion severe erysipelas, spreading all over the body. It is indeed a preparation not free from danger, and since there is reason to believe its claims as a remedial agent are fraudulent, it had better be avoided and its employment by the public discountenanced.

Salicylic acid, recommended by Thiersch in practicing modifications of Lister's treatment of wounds, has been found by Callender violently irritative to the skin, producing eczematous inflammation in even a two per cent. solution. Sir Wm. Jenner has known a scarlatinoid rash produced by it. (Farquharson, of. cit.)

The number of medicinal agents the local use of which will occasionally evoke cutaneous eruptions is almost unlimited. They, for the most part, produce such effects by a simple stimulating action. Such eruptions may be produced by diluted acids, and alkalis, by alcohol, etc. There are also some preparations which, though capable of exciting inflammation, can rarely be held responsible for it, inasmuch as they are but rarely employed locally. To this class belongs ipecachuana, which, according

to Bazin, may provoke an eruption of large papules seated upon an erythematous base, developing slowly, and slowly disappearing, accompanied by some burning and itching. Thapsia plaster may induce a similar eruption; Burgundy pitch, an erythema sometimes becoming vesicular; and so one might go on enumerating drugs possessing similar qualities. Enough, however, has been said, I trust, to acquaint you with those that have been most often responsible for the action of which I have been speaking, and to convince you that, though relatively infrequent, these medicinal eruptions are often enough developed to make it an important matter to recognize them when present, so that the proper methods for their alleviation may be adopted.

REPORTS OF CASES.

A CASE OF UNDEPRESSED FRACTURE OF THE SKULL.

BY OSCAR J. COSKERY, M. D.,

Professor of Surgery, College Physicians and Surgeons, Baltimore.

Daniel P., aged 47, an habitual spreer, was knocked down while very drunk, on the night of September 8th, 1880, and struck the kerb-stone with the back of his head, producing a slight abrasion. He was taken to the station-house, where he rallied from his somewhat stupid condition, and held a short conversation with one of the turnkeys. Some hours afterward was committed to the city jail as "drunk and disorderly." The next morning he was found upon the floor of his cell in what, from the account given, must have been some kind of a "fit." His condition got steadily worse during the day, no more convulsions, but insensibility coming on, and he was brought to the city hospital at 7 P. M., on September 9th, about twenty-four hours after reception of injury. The above was all the history that could be gotten of the case.

His condition on admission was as follows: Complete coma, with rigidity of body generally; the head decidedly stiffened upon the spinal columnn. Besides this, the left fingers, hand and forearm were continuously and strongly flexed and pronated, while the right was scarcely at all so. At intervals of from two to three minutes a series of short jerking movements would take place in the left forearm and hand (very much as if the patient were scratching his belly and chest rapidly), and lasting from a half to one minute. During these attacks irritation of the sole of either foot would produce reflex movements, more violent upon the left side, though neither leg responded between the attacks. Both pupils were dilated, but not responsive to light, and left eyelids were slightly ecchymosed, but there was no extravasation beneath conjunctiva. The head was not drawn to either side, nor was there any rotation of eyeballs. Temp. 101°; pulse 110. Two ounces of urine (all there was in the bladder), when drawn by catheter, showed no albumen. The only signs of injury to the skull were a small abrasion near the occipital protuberance and to the left of this prominence, and a slight ecchymosis of the left eyelids. At 7.30 P. M., condition nearly the same, except that respirations had run to 50, pulsations 130. From this time the short contractions became more frequent and rigidity increased, marked opisthotonos coming on. At 10 P. M., the temperature was 105°; pulse 160, and respirations 60. Ten drops of *Veratrum viride*, with ⅓ gr. *sulph. morphia*, were given hypodermically. At 11 P. M., convulsions had entirely ceased; 2 A. M., temp. 100; pulse 66; respirations 40. When spoken to in loud voice, patient would move his lips as if replying, but no sound issued. At 8 A. M., Sept. 10th, convulsions and

rigidity began to return, slightly at first, but increasing in frequency and force until 8 A. M., on Sept. 11th, 1880, when the patient died.

Post-mortem appearances, September 11th, six hours after death, there were no marks of injury anywhere except that over the occipital protuberance there was a slight abrasion, and a greenish ecchymosis of left eyelids. On reflecting, scalp extravasation was found under the left temporal fascia in the substance of the muscle. Dissecting carefully through the muscle and pericranium, a comminuted fracture of the squamous portion of temporal bone, but no depression was observed. This fracture extended horizontally backward into the occipital bone, and terminated a little to the left of and on a level with the occipital protuberance, in a linear fracture running at right angles to it, downward through the occipital bone and into the *foramen magnum*. Supposing that there was but one fracture, it would be proper to say that, starting from a point opposite to the abrasion upon the back of the head, it consisted of two portions, a shorter one running downward, and a longer one horizontal. At no point, even where comminuted, was there any tendency to depression. Upon the inner side of the skull corresponding to the lines of fracture blood had been effused, but the greater quantity was in the posterior fossa. The skull was extremely thin everywhere, and in many parts of the cut surface presented diploe. The dura-mater was so adherent over the whole inner surface, and to pia-mater in many places, that it was necessary to remove the brain in the skull-cap. Embracing the right hemisphere of the brain, thickest above, was a blood-clot varying from a film to nearly half an inch in thickness—over the fissure of Rolando the blood-clot being thickest. Nearly one-third of the right anterior lobe of the brain was converted into a cavity filled, with softened and pulpified brain substance and blood-clot that could not be washed away from the surrounding brain matter. The origin of the hemorrhage could not be made out with certainty, but from the adherence of the clot, its apparent age, and the length of time the patient lived, nearly sixty hours, it was supposed to have been some small artery in the brain substance of anterior lobe, and that the cavity, spoken of above, was the result of the pouring out of blood into its substance.

The principal points of interest in this case are, first, the origin of the cerebral hemorrhage; second, the amount of fracture from what must have been slight violence; thirdly, the nervous symptoms manifested.

As to the origin and cause of the hemorrhage, if the bleeding came, as I believe it did, from the anterior portion of the right cerebrum, it could have only been due, in my opinion, to a laceration of the brain; and, in the absence of any, appearance of injury to the anterior portion of the skull, and the presence of injury in the posterior portion, if due to this latter, must have been caused by *contre-coup*. But if due to counter-stroke, why did it not appear upon the left side, the side of the fracture, and the side upon which the greatest amount of violence was evidently expended? It is quite easy to understand, however, that while the falx would protect the upper portion of the opposite hemisphere from injury to an extent, the lower part might still be exposed to shocks received upon the other side.

Again the amount of fractured skull from no very great violence, and the total absence of depression, although in the squamous portion comminution to a considerable extent had taken place. The amount of fracture, I think, must be ascribed to the thinness of the skull, and the absence of depression, anyhow, everywhere, except over the occipital region (the only evident seat of injury), to indirect violence.

The nervous symptoms, the intermittent and short contractions of the left forearm and hand, and the great rise of temperature suddenly, are interesting points in this case. The jerkings of the left forearm led to the diagnosis of irritation of the neighborhood of the right *fissure* of *Rolando*. So far we were correct, for at this point the blood-clot was thickest. Just here, however, I should mention that the French surgeons base their diagnosis of laceration of brain upon epileptiform contractions of one or more limbs, and contraction of the pupil upon that side. The sudden rise of temperature was beyond my ken. The good effects of the *veratum viride* and morphia, judiciously administered by the house-surgeon, were, however, marked.

In conclusion, I must remark that I suggested, from the symptoms of intra-meningeal hemorrhage and its evident location near the fissure of Rolando, trephining over that spot. The post-mortem showed how useless, unnecessary and dangerous would have been the operation, and how deficient was my knowledge of cerebral pathology.

A CASE OF THORACIC ANEURISM.

BY R. B. MORISON, M. D., BALTO., MD.

(*Exhibited before the Clinical Society.*)

Gentlemen:—The patient, G. V., who has just been shown, is 41 years old, a Frenchman by birth, and a bricklayer by trade. A year ago last October, i. e. in 1879, while at work in Annapolis, and stooping over, his knee touched his chest, giving him a sudden and sharp attack of pain. This act first called his attention to his present trouble, and upon showing his chest to a physician, a thoracic aneurism was discovered. He was obliged to give up his heavy work of bricklaying, and since that time, up to within the last eight weeks, the tumor in the front of his thorax has been increasing. The patient has, however, never felt, since the first, any pain in his chest, only complaining of the violent pulsation, which was very alarming to both himself and wife, the latter, as she said, being kept frequently awake by the intensity of the beating.

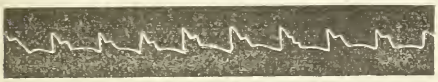
The patient had syphilis fifteen or sixteen years ago. For the last year he has been doing odd chores about town for a living, and at different times has presented himself for treatment at various charitable institutions, till at last the pulsation of the tumor became so alarming to both himself and wife, he was induced to go into the Union Protestant Infirmary, where he has been for eight weeks. The tumor when he first entered the hospital projected about a half-inch beyond the wall of the thorax to the left of the sternum, at the junction of the third and fourth ribs. The *bruit* could be distinctly heard, and there was a marked difference between the radial pulse of either arm, that of the left being hardly perceptible. He was put upon his back, compression was made by a piece of India-rubber sheeting stretched out and held in place by a bandage running all the way round the back of the thorax, joining the two ends of rubber, and he was given iodide of potash in gradually increased doses, till he took 25 grs. terdie; which dose has been continued for six weeks without any marked iodism. Rest has not been perfect, as he found it impossible to use the bed-pan, but beside getting up to satisfy the calls of nature, he has been all this time on his back.

The effect of the treatment has been very encouraging. The pulsation of the tumor is less, the walls seem thicker, and the radial pulse on the left side is stronger, while the patient feels none of the general depression and alarm he formerly suffered from.

The sphygmographic tracings taken by Dr. H. Clinton McSherry, with his Pond's sphygmograph, illustrate beau-

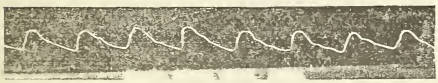
tifully the difference between the right and left radial pulse, and also, as they have been taken from time to time during the treatment, they show the improvement in the left radial since the first one was taken. Traces were also taken of the aneurism itself, and of the two carotids. That of the left carotid shows that that artery is not included in the aneurism, and is interesting in enabling us to more nearly locate its situation. From the position of the tumor, the age of the patient, and the tracings of the sphygmograph, I believe it is of a sacculated character, in the arch of the aorta, just beyond the carotid and at the junction of the transverse with the descending portion.

Left, Nov. 12th, 1880.



Right, Nov. 12th, 1880.

Right, Nov. 29th, 1880.



Left, Nov. 29th, 1880.

Right Carotid.

Left Carotid.

Aneurism, Nov. 29th.

Sacculated aneurisms rarely if ever occur after 50, and are most common between 40 and 50. Dissecting aneurisms occur in advanced life, and rarely if ever before 50. Our patient is 41. The diagnosis of a *sacculated* aneurism of aorta helps us in treatment and prognosis, for cures of sacculated aneurism forming a tumor projecting beyond the thoracic walls are far from uncommon at the present day. Formerly the prognosis held out no hope—death was inevitable. Thanks, however, to recent experience, we can agree with Tufnell, who says, "if the plan of treatment by position be but *steadily* and *perseveringly* carried out, a successful issue can, in suitable cases, almost be guaranteed."

The idea of all treatment is the formation of a clot in the sac which will arrest the further progress toward rupture.

How to effect this coagulation and formation of permanent clot has been tried in many ways. In order to slow the heart, veratrum viride, digitalis and many other drugs have been given. O'Bryan used alum to help in formation of clot, and many have advocated injections into the sac itself of ergot or perchloride iron with this object. But we are indebted to the Dublin school for the most reliable treatment in thoracic aneurism, and that is rest and iodide potassium, with either cold applications to the tumor or compression.

Balfour thinks the iodide has a good effect on the aneurismal diathesis, and relates many cases which have been cured by its use. But when this treatment has failed, what have we left to try. In 1832 it was proposed to puncture the aneurismal sac with needles and pass a current of electricity through the blood and thus form a clot. The operation at that time was not successful, and it was not till 1845 that any particular notice was taken of it. At this time Petriquin, after experiments on the living animal performed by M. Abeille, who found a current of electricity passed through an artery always occluded it, took it up again with so much success that

the operation has been gradually growing in favor. (I am speaking here more especially of thoracic aneurism.) Duncan, in 1866, tried galvano puncture on an enormous aneurism, so large that the patient, while sitting and stooping from weakness, rested his chin on the tumor. The sufferings of the patient were much relieved by the operation, and although death occurred later, yet life was prolonged by it. In 1879, M'Call Anderson tried the operation with only partial success, but says he is encouraged to believe in it since on post-mortem examination a firm white clot was found. Perhaps the greatest authority on this subject is Ciniselli, who reports twenty-three cases of aneurism of the thoracic aorta, of which number six recovered, sixteen died, and in one the result was not known. Of the six reported cured, one relapsed in three months, another in seventeen months, another in four months, but was again operated on, and after eight months there had been no relapse. Of the remaining three cases one had not relapsed up to nine and a-half months, another had not relapsed at eight and a-half months, and the last remained well at four and a-half months.

Cases of cure are also reported by Bulgheri, in 1877, of Milan; Verardini, of Bologne, 1876; and Bucquoy, of Paris, in 1879.

Drummond in *Lancet* for 1879, reports two unsuccessful cases, but recommends the operation, being of the opinion, and in this respect differing from others, that it should be performed before other treatment has been instituted.

In reading the literature of the subject I have yet to find any operator who once having tried electrolysis does not recommend it. The dangers of the operation according to Erichson, Ciniselli, Duncan, and others are nil when properly performed. No case has been reported as far as known where the clot has been swept into the circulation to occlude any artery beyond. The dangers consist in this: The cauterizing effect of the needles, and consequent suppuration, and the violent pain. These may be avoided by care and the following rules: 1st. Needles must be thoroughly insulated. 2nd. After perforating the sac, they should not touch each other. 3rd. They should be very fine, but multiple if necessary, as in a large aneurism. 4th. The battery should be of medium strength, and the currant constant. Four to eight cells of Grove's or Bunsen's battery being sufficient for ordinary aneurism. Continue the action 'till the pulsation ceases or gas is clearly detected by pecussion.

The cause of the violent pain during the operation is the cauterizing power of the needles when not properly insulated. When they are completely insulated, there is very little or no pain.

The result of electrolysis is this: A loosely put together slight clot at the negative pole, and a firm large clot at the positive, both of which form round the needles and remain behind, when they are withdrawn. This part of the operation should be carefully done, in order to leave the clot in as good a condition as possible. The needles should be slowly removed. The operation should be repeated as soon as the pulsation returns or the sac begins to enlarge again.

In all cases where aneurism of the aorta has been thus treated and death has occurred, a large white clot has been found upon post-mortem examination. Duncan—the father of him already mentioned, treated an eneurism of the abdominal aorta by electrolysis. Death occurred sometime after, and the autopsy showed several sacculated aneurisms; the one punctured by the needles being entirely filled by a firm clot. The rupture had taken place elsewhere. Formerly in treating aortic aneurism, the patient was left to die of an incurable, impossible to benefit, disease; now we have

two methods which offer much hope of permanent relief. Rest is the most important factor in every treatment, while the administration of drugs and the use of electrolysis follow each other in natural sequence; and it becomes the duty of every physician, since there is so little danger, to offer his patient the chance of recovery which electrolysis holds out.

SOCIETY REPORTS.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

379TH MEETING, DECEMBER 22ND, 1880.

DIPHTHERIA.

Dr. Percivall.—Some years ago an epidemic of diphtheria occurred in the locality where I was practicing. The first child died before I saw it. Fourteen days after another child was attacked; sulph. copper was used locally, but as it did not seem to answer nitrate of silver (℥j aq. ℥j) was used instead. As prophylactics, the best of food and brandy were used. Had fifteen cases, and did not lose one. I have heard of some families up town who have lost three and four children. The disease is most prevalent among the poor, and I believe its great mortality is largely dependent upon improper and insufficient nourishment, and that if stimulant and tonic means were used as prophylactics, a large number of the cases would be rendered more mild, if not prevented entirely.

Dr. Taylor.—Does not the disease occur among the wealthy as well as among the poor? Want of food cannot be the cause of death in both classes.

Dr. Percivall.—The children of the rich are generally deficient in nerve power; they do not take exercise enough, and as a general rule, the clothing is not what it should be.

Dr. Erich.—Prophylaxis may be of some use, but I doubt whether we can do much with it. Since I read Oertel in Ziemssen's Cyclopœdia, I have been a believer in the parasitic origin of this disease, and what I have seen of it since seems to strengthen the evidence in favor of this belief. I have ceased to dread diphtheria since I adopted my present mode of treatment. I formerly used nitrate of silver (℥j—ij aq. ℥j), but the struggling of the child seemed to do as much harm as the application did good. I think it highly important to give the medicine frequently I use ℞ quiniæ sulph. gr. viij, tr. ferri chlor. ℥j, syr. simpl. ℥iv. ℏ. S. teaspoonful every hour, day and night. Since I have adopted this method, the results have been astonishing. I have used it four years, and have only lost three cases in that time. One case to which I was called in the last stage of the disease died of asthenia; one was moribund when I saw it, and I did not prescribe, and in the third I used tr. iron alone. This was continued for three days with a gradual thickening of the membrane, and no improvement in the general symptoms. Quinine was added to the mixture and the child improved, but eventually died from paralysis of the heart. Have now a family with six children down with the disease, but I have had such good results that I have ceased to regard it as dangerous, and expect recovery in all these cases. I have used chlorate of potassa, and have seen great mortality follow. I think the secret of success is the frequency of the administration of the remedies; the parts are kept bathed with it. When I see the disease in an advanced stage, I alternate this mixture with solution of benzoic acid, which seems to relieve the constitutional symptoms as aching in the back, &c. With this treatment I have seen the deposit disappear within twenty-four hours.

Dr. Brinton.—I have just lost a case from diphtheria. Child, æt two years, eight months. Quinine grs. 1½ was alternated hourly with chlorate of potass. and tr. iron, under which the child improved so much that on the 9th day I discontinued my visits. On the morning of the 10th day the child seemed well, asked for a drink of water, and in a few minutes was dead. I have often been called to cases in which there was fever, pain in the back, patches in the throat, &c.; gave chlorate of potass., and in a day or two they were well. These I have been inclined to doubt being genuine diphtheria. Would like to hear what was the probable cause of death in

my case; whether it was from the poison acting on the nerves of the heart.

Dr. Erich.—We have mild cases of small pox, scarlatina, &c., and why not of diphtheria. The exudation on the tonsils is not pathognomonic, we must have other symptoms. However mild the case, the convalescence may be prolonged to three or four weeks; the throat may be clean, but the tired feeling, etc., may last for some time.

Dr. Arnold.—The treatment of diphtheria is the opprobrium of medicine. Age has much to do with the prognosis; under two years of age it is an extremely fatal disease. Those cases associated with croup are always fatal. If the patient be over two years, and no formidable complications appear, any form of treatment may show good results. The different epidemics also show different rates of mortality; some may be very mild, and then any treatment succeeds; others may be very severe, and no form of treatment be successful. As to the pathology, the profession is divided, one party believing it to be a local or parasitic, the other a zymotic or blood disease, the patches being only a local manifestation of specific poison. At the present time the former view seems to be the most popular, but no one offers convincing evidences in favor of either view. Nor has any one ever isolated the poison as in syphilis or small pox. We only reason from analogy. The nervous symptoms, as paralysis of pharynx, heart, &c., show that it is more than a local disease, at least in its secondary effects. The sequelæ and sudden deaths show that some contagion has entered the blood and produced these effects. In children under two years of age, and in malignant epidemics, the very best treatment may leave us in the lurch. We have no curative treatment for any of the blood or zymotic diseases, as small pox, scarlatina, typhoid or yellow fever. We try to sustain the system to enable it to resist the onslaught of the pathological process. Quinine and iron naturally suggest themselves as the best remedies for carrying out this object. I lately treated six cases in one family; five got well; one, the baby, died. The five were free from laryngeal complication, and as they were over two years, the chances were in their favor. I gave quinine and iron, and as a gargle, a weak solution of carbolic acid, but I hesitate to say I cured them. I think the treatment of Dr. Erich is rational, though not novel, but I would not be too sanguine as to its curing bad cases. All physicians meet the symptoms as they arise, and keep up the strength by tonics. If my five cases had been under two years, and complications had appeared, I think they would probably have died. Although a parasitic, it is not a local disease, as the micrococci are found in the blood, muscles and lymphatics.

Dr. Erich.—I have had no laryngeal complications since I have used this treatment, probably because the disease is broken up before it reaches the larynx. If it be true that diphtheria is a parasitic disease, it may be cured as certainly as itch can. The experiments related by Oertel seem to be conclusive that it is parasitic. I treated a child 15 months old and it got well. The result may have been accidental, but I would be pleased if gentlemen would give my mode a fair trial.

Dr. Read.—I think there is some value in the iron and quinine. I have used them for several years. The gentlemen know my views on blisters in this malady, and I should hesitate to treat a case without vesication. It is improbable that it may be cured as easily as itch, for if we do not see the case until there are constitutional symptoms from the absorption of the parasite into the blood, how can we follow it with medicines that will kill it? So long as it is limited to the fauces, etc., something might be applied to destroy it, if the parasitic doctrine be correct, but, unfortunately, equally good authorities may be found on either side of this question.

Dr. Erich.—The peculiarity in the treatment I recommend is the smallness and frequency of the dose. The statement that we cannot reach the micrococci in the blood must be a mistake, for by remedies we can reach even the excretions. By the internal administration of benzoic acid, I can prevent the decomposition of urine in the bladder, even if a stone or chronic cystitis be present.

Dr. Arnold.—Benzoic acid is very much changed before it reaches the bladder, and never reaches it as benzoic acid.

Dr Erich.—Granting that it does, the effect is the same. Many microscopists have limited their examinations to study of the false membrane, and say there is no difference between the membrane of diphtheria and that produced by croup, ammonia or other irritants, but the membrane is not the disease; it is only one of the effects of the irritation, produced by the micrococci.

Dr. Cathell.—I always thought I could see benefit from frequency of dose in this disease. The life of these parasites may be very short, and if we give the medicine at intervals of three or four hours several generations of them may have had time to enter the circulation. In regard to Dr. Brinton's case, eminent authorities mention the fact that sudden death frequently follows the free use of tinct. of iron, as in erysipelas, anæmia, scarlatina, etc., and thinks it probable that it tends to the production of emboli. Dr. Chapman, of Brooklyn, has great faith in the antidotal or specific qualities of alcohol. He mentions a series of cases, all typical and uncomplicated, in which it was used, with recovery in all. I have used his method, and can only recall three fatal cases.

Dr. Chambers.—In some of the diseases mentioned by Dr. Cathell, there is a strong predisposition to embolism, whether iron is used or not, and may not our tried friend tr. of iron be unjustly accused?

Dr. Brinton.—How many cases has Dr. Cathell treated?

Dr. Cathell.—In fifteen years I have treated about twenty cases of what I call diphtheria.

Dr. Brinton.—If Dr. Cathell loses three cases in twenty, 15 per cent., I can only say that with the free use of iron my mortality has been no greater.

Dr. Rennolds.—There must be a question of diagnosis as to what gentlemen call diphtheria. Dr. Cathell and Dr. Erich, both located in the same section of the city, and both having large practices, speak differently as to the frequency of the disease. Dr. Cathell has only had twenty cases in fifteen years, while Dr. Erich speaks of it as though it were a very common disease. I do not make these remarks in any offensive sense, but think the gentlemen must differ as to what constitutes diphtheria.

Dr. Erich.—Some call only the bad cases diphtheria, but I do not so limit it. We have mild cases of scarlatina, and why not of diphtheria? It is not likely that I meet only mild or spurious cases. As to the iron, I do not think it the cause of sudden death. These cases do not die from embolism, they die from paralysis of the heart.

Dr. Morris.—During the last two years I have used no iron, quinine nor local applications in diphtheria. I use ice, food and lemon juice freely, and have had better success than I formerly had.

Dr. Arnold.—Physicians generally think that if called early to these cases they can do more good than if later. I do not think so. No one will say that we can cut short, or have a curative agent for, scarlatina, small pox, or typhoid fever. There is no standard by which results can be measured, and a man's personal experience is above all criticism. We are frequently called to children apparently well, who will not take the breast, and upon examination find the disease has already made great advances. We are never called to a case soon enough for the detergent treatment to destroy the materies morbi. I think we are hardly over the threshold as to the etiology and pathology when one class of observers, like Oertel, thinks it a local disease, and another class, equally eminent and reliable, like Senator and Hittel, says it is a blood disease. We hear of malignant epidemics occurring in localities where they have eminent medical men, but the rate of mortality remains the same until the force of the epidemic is expended. I have no curative treatment, but do the best I can to fulfil the indications. I use quinine, iron, supporting nourishment, cleanliness and isolation.

Dr. Erich.—This is the only zymotic disease for which, I think, I have a specific. I cannot cure small pox, scarlatina, &c.; I only try to relieve upon general principles. Diphtheria more nearly resembles malarial fever, in that one attack does not protect against subsequent seizures, than it does small pox, measles, scarlatina or typhoid fever, where one attack usually gives subsequent immunity. And malarial fever is the only febrile disease for which we have so far had a specific.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD, OCTOBER 25TH, 1880.

Vice-President, Chas. H. Jones, M. D., in the Chair.

The Association met at 9 P. M. After the ordinary formalities were dispatched,

Dr. J. T. Smith made some remarks upon the treatment of ULCERATIVE STOMATITIS. In view of the pain induced by local remedies, and the consequent struggling of the child, he thought it doubtful if they were to be recommended. Observation of cases in which their use was impracticable indicated that results were as favorable without as with them. Tonics and chlorate of potassium are alone sufficient for the cure of the affection. If deep ulceration or sphacelus occur, of course local treatment becomes imperative.

Dr. Ellis' experience had been similar.

Dr. Morris has dispensed with local treatment altogether. For many years he has been in the habit of using a ℞ of Dr. Hintze, once his preceptor, consisting of chlorate of potash, muriatic acid, syrup of lemon and water.

Dr. Friedenwald used to employ honey and borax. But honey is very irritating to an abraded surface. He now uses simple lime water as a mouth-wash, and his patients have done as well with this as they did under the former treatment. In general he thought such cases would be better off if no treatment at all were employed.

Dr. Uhler said we are disposed of late to do too little for our cases. In severe stomatitis, with perhaps spasm of the mouth, he would employ mild astringents, sulphate of soda, or (especially if there were fetor) a weak solution of carbolic acid with ice, at the same time giving chlorate of potash and opium, chloral or belladonna internally.

Dr. J. Shelton Hill suggested that boracic acid would likely prove of service, judging by its effect in analogous cases. It is unirritating, and Dr. H. habitually employs it in mucous inflammations. The addition of glycerine renders it more soluble in water.

Gr. x.-xv. to the ounce would be a suitable strength. It might even be applied in powder.

Dr. Kemp preferred a weak solution of carbolic acid to borax or any other remedy.

Dr. Uhler observed that carbolic acid produces coagulation, and coagulation, or something similar to it, takes place in every instance of repair of tissue. Listerism may act by coagulating tissue and not by destroying bacteria, as most persons think.

PROTRACTED LABOR IN A PRIMIPARA AGED 44; DELIVERY ACCOMPLISHED BY VERSION. — CRANIOTOMY VERSUS VERSION.—*Dr. Taneyhill* reported the case of a woman, weighing about 270 pounds, whose first labor occurred at the age of 44, 24 years after marriage. During her pregnancy she suffered from anasarca and albuminuria; the anasarca was completely removed by the use of benzoic acid. Her labor proved very tedious, and the forceps were tried in vain. After being under the influence of chloroform three and a-half hours, and the child having meanwhile died, version was, after many futile attempts, accomplished, the feet brought down and the delivery completed. There was no difficulty about the placenta. The difficulty in this case was due to contracted pelvis.

Dr. Ellis related the following case: A woman had a protracted labor, the presentation being natural. The child being dead, and forceps having been tried without effect, Dr. E. entered the blade of a pocket knife into the anterior fontanelle and let out the contents of the skull. The forceps were then again applied, but with no better success than before. He then employed the handle of the forceps and got away a piece of the occipital bone, after which he succeeded in extracting the head, and by the aid of a fillet through the axilla, the shoulders also. The period from the first application of the forceps until the final delivery, was thirteen hours. The woman recovered without sustaining any injury. Query: which is to be preferred, version or craniotomy?

Dr. Taneyhill thought version, on account of the risk of injuring the soft parts in craniotomy.

Dr. J. T. Smith reported a case of labor attended by a midwife, who got scared on account of the appearance of a hand at the vulva, and in consequence

he was sent for. He found a presentation of the left arm, all efforts to restore which, as also to turn, failed. He then called in Dr. H. M. Wilson, and the efforts at version were repeated, but in vain, the uterus becoming spasmodically contracted every time the hand touched it, so that further introduction was rendered impossible. The child was now dead. Dr. P. C. Williams was added to the consultation. Embryotomy was decided upon. The arm was then torn away from the shoulder, the neck severed in two, and a blunt hook introduced into the orbit and the body, and, after, the head extracted. The patient died on the 9th day after the delivery, death being apparently due to uræmic poisoning.

Dr. Ashby said authorities differed in regard to the merits of version and craniotomy. He regarded a frequent resort to craniotomy as bad practice, and thought version should always be attempted, if possible, before having recourse to it. Dr. Pierre Chatard, the former eminent obstetrician of this city, only performed craniotomy three times in 5,100 labors. The size of the pelvic diameter must decide the question, at least within certain limits. Turning becomes impossible when the antero-posterior diameter is below three inches; craniotomy is then demanded if the child be dead, otherwise the cæsarean section is to be preferred. In the case of a primipara aged 20, with an antero-posterior diameter estimated at three and a-half inches, delivery was effected by the forceps after a labor lasting thirty-six hours. The child lived three weeks, but the woman died in eight hours, from post-partum hemorrhage and shock.

Dr. Uhler agreed with Dr. Ashby, but the ease with which either operation can be accomplished is also to be considered. He preferred craniotomy (when the child was dead of course); it can readily be performed with scissors, by introducing them with closed blades and then opening the blades first in one, then in another direction. The speculum should always be used in this operation —we should not trust to the sense of touch alone—there is then no possible danger of injury to the mother. But few cases of vesico-vaginal fistula come under observation in Baltimore, which he thought spoke well for the profession here.

Dr. Morris said version should not be attempted when the head was wedged in the pelvis, on account of the danger of injuring the mother; the forceps are then safest and best. He related the following case of version terminating in the death of the mother: The patient had a contracted antero-posterior diameter of about three inches; she had been in labor for many hours and was quite exhausted After repeated efforts, Dr. Morris succeeded in turning and bringing down the body; the consulting physician endeavored to extract the head, but in doing so the body was severed from the head, which remained behind, and could not be extracted. In another case, of face presentation, he succeeded in drawing down a foot, but could not get a fillet on it; the forceps being also tried in vain, resort was finally had, and with success, to the trephine and cranioclast. This instrument was much less dangerous than the old crotchet, which it replaced.

Dr. Morris also mentioned a case in which turning should have been practiced. It occurred many years ago in consultation with a now prominent physician of this city. The patient had eclampsia. Forceps having been tried for some time without avail, craniotomy was resorted to, and they had the mortifying experience of hearing the child cry after its delivery.

Dr. Friedenwald referred to the danger of getting the hand wedged in in attempting to turn in contracted pelvis and of detaching the body from the head already referred to; also to the tendency to pull upon the feet. The improved instruments render craniotomy safe and easy.

Dr. J. Shelton Hill said if the child be alive, we are not justified in destroying its life by craniotomy; gastro-hysterotomy seemed to him to be then demanded, since it offered the hope of saving both mother and child. In case of the death of the child, craniotomy becomes appropriate, and cæsarean section should not for a moment be thought of. As for version, if the shortest diameter of the head correspond with the longest diameter of the pelvis, and nature, aided by the forceps, fail to deliver, he could

see nothing to be gained by version; on the contrary, by attempting version under such circumstances, the woman is subjected to the risk of a ruptured uterus, and also of hemorrhage from detachment of the placenta, with a certainty of the child's head, when it again descends, becoming firmly wedged in the pelvic cavity.

REPORT OF DAUPHIN COUNTY (PA) MEDICAL SOCIETY.

A special meeting of this Society was held in Association Hall, at Harrisburg, Pa., Thursday. February 10th. Over one hundred physicians were present, including members and representatives from the Medical Societies of the adjoining counties of Chester, Cumberland, Franklin, Juniata, Lebanon, Lancaster, Mifflin, Perry and York. The meeting was called to order at 4.30 P. M., by the president, Dr. J. C. Hutton. The address of welcome, prepared by Dr. H. L. Orth, was read by Dr. Curwen, owing to Dr. Orth's unavoidable absence.

After this address, Dr. J. L. Ziegler, of Mount Joy, read a most practical and sensible address entitled, "Medical Education in its Relation to Quackery." Dr. Ziegler began by reading selected notices from newspapers applauding various quack nostrums and commending such trash to the public. He referred to the great hold which quackery had made, and how it had been helped on by the newspapers, religious press, ministers, and lastly, by the medical schools and by the profession. He referred to the causes which were in force to degrade the influence of medicine as a science and to advance the progress of empiricism and various systems of practice founded upon the most unscientific principles. Dr. Ziegler's address was a brave and manly plea for higher medical education, and for resistance to every species of quackery both outside and within the professional ranks.

The next paper was read by Dr. John T. Carpenter, of Pottsville, Pa., entitled "Practical Observations in Using Chloroform" This paper was a brave defence of this anæsthetic, based upon a large experience in its use and a firm knowledge of its properties. Dr. Carpenter employs no other anæsthetic, and is of the opinion that chloroform is superior to all others. He recognizes its dangerous properties, but attributes the danger to maladministration. He favors the following method of administering chloroform, and claims that it has proven safe and efficient in his practice, rarely failing in a few seconds to produce anæsthesia. His habit is to drop twenty to thirty drops of chloroform on a towel and to administer it by excluding all air, the patient inhaling the pure vapor of the drug. By this method only a few seconds are required to produce the effects of chloroform, and but a small quantity is consumed. The doctor claims that there is less danger from this method, and that in his experience he has never failed to secure anæsthesia. This much must be said for Dr. Carpenter's paper. It is based entirely upon personal experience and gives evidence of careful observation and reliable study. In view of the growing unpopularity of chloroform, now extending over the entire world, he is a brave man who can defend this drug. We think Dr. Carpenter deserves thanks for his firm position and warm advocacy of chloroform.

After the reading of this paper, the Society adjourned until 7 P. M. A lunch was prepared in an adjoining room, to which the gentlemen present repaired, and a pleasant hour was spent in social reunion and luncheon.

At 7 o'clock the president again called the meeting to order, and announced that Dr. J. W. Kerr, of York, Pa., would read a paper. Dr. Kerr then read a paper on "Embolism," which was based upon the study of two cases in practice, presenting some unusual features. This paper was discussed at its conclusion by the members, and a number of cases, similar in character to those described by Dr. Kerr, were related. At the conclusion of this discussion Prof. S. Wier Mitchell, of Philadelphia, was introduced by the president. Prof. Mitchell announced as the subject of his paper, "The Mimicry of Disease." This paper entered into the discussion of the subject from its author's standpoint, and was based, in great part, upon his large personal experience with nervous diseases, and upon a close study into hysterial manifestations. The paper was filled

with curious and interesting statements, and presented a rare revelation of the history, causation and symptoms of diseases assumed by individuals. Prof. Mitchell invested his subject with that clear description, accurate study, and vein of genuine humor so characteristic of his writings. The paper consumed nearly an hour in its reading, yet the entire time rivited the close attention of the audience. We understand that this paper will furnish the chapter of a book Prof. Mitchell is now engaged in writing.

The next paper was read by Dr. J. Montgomery, of Chambersburg, Pa., on the "Treatment of Naso-Pharyngeal Catarrh," which was a lengthy and detailed study of this affection, and a review of the most recent views of pathology and treatment.

The next and last paper was read by Dr. S. D. Kieffer, of Carlisle, Pa., on "Some Diseases Peculiar to Men and Boys." At the conclusion of this paper, the president announced that 10 o'clock had arrived, and that the meeting would now adjourn to the Lochiel House, where a banquet would be served by the Society of Dauphin county. After several hours passed in social enjoyment and feasting, the delegation broke up, and by one o'clock special trains were conveying many to their homes in adjoining counties. The entire meeting was a complete success, and visiting delegations are indebted to the Medical Society of Dauphin county for a day of much enjoyment and profit. Such meetings cannot result otherwise than in great good to the profession and are worthy of every encouragement.

CORRESPONDENCE.

SOME REMARKS ON SEWERAGE.

To the Ed. of Maryland Med. Jour.:

The city of Baltimore has now before it an open question in regard to city sewerage, its method, extent, cost, and uses. Before engaging upon a work of such magnitude as is proposed, it would be well to consider whether sewerage, other than for storm or surface water, may not be dispensed with altogether to the advantage of public health and the city's, or the people's finances. In a communication I made in the pages of that most valuable of hygienic journals, *The Sanitarian*, in November last, I stated that I had seen all the *excreta* intended to be carried off by underground drains removed by another process less expensive, and probably more advantageous so far as health is concerned. In the city of Mexico these excreta are carried off in covered carts, and are utilized in the surrounding country as manures. If there is any reason why the poudrette-makers should not take them out of Baltimore, or any other city, on wheels, instead of by underground channels, it has not yet been made apparent.

The Baltimore *Sun*, commenting on my article, says such method is impracticable in a great city, but the impracticability is disproved by the fact that a very large proportion of such matters is now actually carried off by the Odorless Apparatus companies, and the remainder could be equally well removed by the same or other companies. The refuse from the stables is readily removed and used as all such refuse should be. The material goes back to the earth from which it originally came, and fertilizes it for renewed vegetation, which, after serving its purposes in all vital economy, may again furnish material for refertilizing the earth to the end of time. These things all play their part in the cycle wherein life, death, decay, and renewal follow one another in unceasing revolutions. Earth to earth—and thence the fruits of the earth, their consumption, and the redistribution of the elements for further uses.

Our estimable health officer, Dr. Steuart, tells me that upon his premises the system here suggested is actually put in practice; there is immediate deodorization, and at fixed times, removal by cartage, without anything

offensive about the matters while retained or when removed.

The difficulties of effecting satisfactory deep sewerage must be very great from the defects or failures so commonly noticed. Dr. Bell in a paper on "Unsanitary Engineering," read before the American Medical Association, says that modern systems attempting to follow those of the ancients, have fallen far short of them, or rather are mere perversions of them. "Provision was made for the treatment of sewerage by collection, precipitation, overflow and utilization in a different set of receptacles" (from the *cloacæ* intended only for soil drainage), "and refinements in this art, as compared with much of modern construction may yet be learned from the revelations of that most renowned temple of wisdom, the Temple of Jerusalem."

In other words the best Ancient cloacæ carried off *surface water* and *washings* only, while other sewage was disposed of in another manner, and properly utilized. The drains for surface water, as Col. Geo. E. Waring, of Newport, an expert authority in these matters, asserts, should always be superficial and easy of access, and they should never communicate with deep sewers.

A correspondent of the *Sun* (T. E. B.) treating of sewers and the poudrette makers presents the following significant passage:

"There is no diphtheria in Baltimore like is in the well sewered cities of Brooklyn and New York. There is no small pox like in the sewered city of Philadelphia; nor yellow fever like there was in Memphis. In fact so far as disease is concerned, sewers appear to get the lion's share of the blame of late years."

There is no doubt that the sewers are entitled to a large share of the blame.

If we look abroad, we find other arraignments of sewerage, as in the following paragraph taken from the last number of the *American Specialist*:

"Mr. Rawlinson, the eminent British engineer, declared in a public speech recently that the drainage of the great government offices, and notably that of the 'official residences' in Downing street, was shameful. Somerset House he declared to be so 'indescribably foul' that he would resign rather than live there; the War Office, 'fouler than any common beggar's lodging-house,' and fashionable Belgrave, the worst part of London, so far as sewerage is concerned. Such revelations have caused great perturbation in the phlegmatic British official mind."

Before our city commits itself to a great system of sewerage which may prove to be a great failure, as so many others have done, it is certainly advisable to have the whole subject well ventilated, so that measures, when taken in the interests of public health, welfare, and finances, shall be fully adequate to the objects in view.

I am yours, very respectfully,

RICHARD MCSHERRY, M. D.

Baltimore, Feb. 10, 1881.

REVIEWS & BOOK NOTICES.

Transactions of the Eleventh Annual Session of the Medical Society of Virginia. Meeting held in Danville, Va, October 19th, 20th and 21st, 1880. From *Virginia Medical Monthly*, for January, 1881.

This volume of transactions is disappointing to those of us who have watched the past history and literature of this State organization. We notice marked evidence of a decline in the number of contributions and in the value of the reports from different sections. The volume opens with an address by the president, Dr. Henry Latham, of Lynchburg, which directs attention to matters relating to professional ethics, and contains some valuable suggestions and well taken points. The Annual Address was delivered by Dr. L. Ashton, of Fal-

mouth. This address refers to the influence of medicine in its connection with the outside world, the professional and non-professional, and their influence upon each other. The Report on Advances in Practice of Medicine, by Dr. G. Wm. Semple, of Hampton, is exceeedingly short, and but poorly covers the ground of advance made in practical medicine. The doctor could have extended his remarks with much profit to his readers. His remarks, as far as they go, are quite excellent. "The Practical Bearing of Recent Advances in Cerebral Localization and Cerebral Thermometry" is the title of a paper contributed by Dr. W. C. Dabney, of Charlottesville. This paper gives evidence of very careful study and preparation. Dr. Dabney is a painstaking writer and clearly presents his views to his readers. We have presented in this paper a summary of most recent views upon the subjects treated. Dr. J. A White, formerly of this city, now of Richmond, contributes a volunteer paper, entitled "Some Remarks about a Common Functional Eye Trouble." "The Status of the Medical Profession of Virginia" is a paper of much interest from Dr. T. J. Riddell, of Richmond. Every physician in the State should read this paper and inform himself in reference to the practice of medicine in the State. "Summer Complaint of Infants" is the title of the subject discussed by the membership of the Society. Dr. C. R. Cullen, of Hanover county, read a very short paper on "New Remedies." The remainder of the volume is taken up with the minutes of the meeting.

The Diagnosis and Treatment of Ear Diseases. By Albert H. Buck, M. D., New York, Wood's Library Series, Wm. Wood & Co., publishers, 1880; Pp. 404. Henry Fleetwood, Agent, Baltimore.

This book is designed as a text book, and is arranged in that form. Chapter I, opens with a "Sketch of the Physiology of the Organ of Hearing." Chapter II, treats of the methods of "Examination of the Patient." Chapters III and IV, treat of the "Diseases of the Auricle and of the External Auditory Canal." "Methods of Examining and the Diseases of the Middle Ear," occupy chapters V, VI and VII. "Fractures of the Temporal Bone," "Diseases of the Mastoid Process," "Miscellaneous Conditions of the Drum-membrane, Ossicles and Tympanic Cavity," and "Different Forms of Aural Disease in which the Labyrinth is believed to be Involved," are the concluding chapters. The text is drawn largely from the author's private and hospital experience, and is illustrated with reports of numerous cases. The work is well illustrated. It seems to be well adapted to the wants of the student of aural diseases.

The Popular Science Monthly for February, D. Appleton & Co, contains an unusual variety of instructive matter. "The Development of Political Institutions," by Herbert Spencer, is continued from the last three numbers. "Physical Education," by Dr. F. L Oswald, also continued from last number, will be of special interest to medical readers. "Horses and their Feet," by Sir Geo. W. Cox, is a paper of considerable interest, and presents some valuable suggestions for those who value this useful animal. "Darwin on the Movement of Plants," "Atmospheric Electricity," "Evolution of Chemical Elements," are titles of valuable articles in popular science. The Editor's Table presents the usual amount of literary matter and popular miscellany.

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BALTIMORE, FEBRUARY 15, 1881.

EDITORIAL.

THE SANITARY CONDITION OF BALTIMORE.—The New York *Herald*, some four weeks ago, made the bold statement that New York city was, at the time of writing, "the filthiest city in the world." It is a notorious fact that the sanitary condition of New York is wretchedly bad, but the *Herald* might have made one exception in favor of Baltimore. As a rule the streets of Baltimore present a cleanly appearance, but the condition of the weather during the past eight weeks converted them into a perfect mush of snow and filth, despite the energetic efforts of the health department Our people were brought face to face with an amount of filth which would not be tolerated under other circumstances than those imposed by foul weather, yet they are little aware that the unsanitary aspect which our streets presented is as water unto wine compared with the filth which lies concealed in cesspools and privies in many of the most thickly populated wards. Baltimore ordinarily enjoys the reputation of being a cleanly and healthy city. To the casual eye, such in reality is the case. That cleanliness and good health prevail at most seasons of the year is a fortuitous circumstance. Certainly it is not the result of a sound and efficient sanitary system, which secures protection against disease. A sanitary survey of portions of the city made during the past year under the direction of the National Board of Health, by Dr. C. W. Chancellor, of this city, sets forth very clearly the unsanitary condition of various districts, and exposes a state of affairs which if not corrected must sooner or later result in great damage to the public health. Dr. Chancellor conducted his inspection with a view of determining the sanitary needs of the city, and in his work was most efficiently aided by the police department and a trained civil engineer. His observations were made in selected portions of the city, and especially embraced those districts containing large numbers of inmates. As illustrating the condition found in several districts, we quote the following abstract:

SIXTH AND SEVENTH WARDS.

"Embracing 350 houses on Central Avenue, Monument, Milliman, Spring, Caroline, Dallas, Walker, Boundary Avenue, McEldry, Joppa, and North Bethel streets, with a total population of 2,500 human beings. Ninety per cent. of the houses inspected in this district had shallow privy-vaults, not more than 5 feet in depth as an average, and located some in proximity to and others from 1 to 10 feet distant from the dwellings. Fifty per cent. of these vaults were in bad condition, and many were full to overflowing, while nearly all needed cleaning; most of them emitted offensive smells, and only one of the entire number was self-draining. There were stables and manure-pits on 14 premises, which were generally in bad sanitary condition, some of them draining into alleys and streets, and upon adjacent property. A large majority of the houses in the district are supplied with water from the city water-works. About 75 houses were without cellars, many of which were damp and dirty, and a few offensive to smell. In several instances privy-vaults existed in the cellars, and in one house, notably, the privy adjoined the house and poured its noxious gases through a window into a damp, dirty cellar, which was very offensive."

A glance at the condition of affairs herein set forth in this district, as in others inspected, shows an alarming neglect and indifference in the observance of sanitary laws in this city, a condition which if not corrected must sooner or later lead to an alarming epidemic of zymotic diseases such as is now raging with great violence in New York, Brooklyn and Philadelphia. Dr. Chancellor points out the importance of giving at-

tention to the sanitary condition of the city, and discusses the question of sewerage, which the city so much needs, in its practical bearing as to efficacy and economy. The views which he favors are well set forth in a communication published in Supplement No. 10 National Board of Health Bulletin. It must occur to many of the profession residing in this city, that attention has been directed to a subject of more than usual importance, and that a plain duty rests with every thoughtful practitioner, in the city, who has any regard for the health of our people. The true physician's duty does not end at the bed-side where actual sickness prevails. His obligations extend into the homes of those whose health is entrusted to his care at all times. The physician is the only custodian of the public health, and it is his duty to prevent and limit disease no less than treat it. Suggestions coming from the profession in reference to sanitary abuses must have their influence with the public, and it is proper that the profession in this city should examine into the unsanitary condition of many of the houses into which they daily enter with a view of eliminating all sources of contagion. If the city authorities cannot be made to feel the danger of bad sanitary laws individuals may be reached and cleanliness and disinfection be secured by the weight of professional authority. Whilst our city remains in the condition so clearly and accurately described in Dr. Chancellor's report, we may be said to be living on a mine of dangerous explosives which at any time may strike terror and poverty into many hearts and homes. We hail with delight any suggestions which come with a view of correcting the present unsanitary condition of Baltimore. The preambles and resolutions brought before both branches of the City Council on February 6th, provide by contract for the removal and disposition of household and manufacturing wastes and other sewerage matter by means of an improved system of sewers, and establishes certain police regulations in regard to drainage of dwelling-houses, factories and other buildings. The various sections set forth by these preambles and resolutions occur to us as practical and efficient, and as providing for a system which deserves to receive the most favorable consideration.

MISCELLANY.

COMMENCEMENT EXERCISES COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE.—The Commencement of the above College will take place on Tuesday, March 1st, at 11 o'clock A. M., at the Academy of Music. The Rev. Dr. Guard, of this city, will deliver the address to the graduating class.

The Faculty of the College have decided to lengthen their curriculum to six months. Hereafter the course will begin September 15th and end March 15th following. Students who attend this school must hereafter have read medicine under a preceptor one year, and have attended two *six months'* courses. The first one, however, may have been at any other reputable school. The usual spring course will begin March 15th. This is a step in the right direction. The Faculty of this school are to be commended for this effort to elevate the standard of medical education.

COMMENCEMENT EXERCISES, UNIVERSITY OF MARYLAND.—The Commencement of the University of Maryland will be held at the Academy of Music, on March 3rd, at 11 o'clock A. M. Prof. J. Edwin Michael will deliver the address to graduates.

The meeting of the Alumni Association will be held a day or two before the Commencement due notice of which will be given in daily papers. The regular summer course of lectures will commence on or about March 15th. A special course of practical anatomy and operative surgery will be given by the Demonstrator of Anatomy, Dr. R. Winslow, commencing March 1st. This course will include instruction in practical anatomy, and in the various operations upon the cadaver as well as the appli-

cation of bandages, splints, etc. Rooms will be open daily from 10 A. M. to 1 P. M., until May 1st.

Death from Ether.—Dr R. J. Levis, of Philadelphia, recently lost a patient from ether, only two ounces having been used during the operation. The patient, a woman twenty-six years of age, had fibrous anchylosis of hip and knee from rheumatic trouble. Squibb's ether was given very slowly by an experienced person. After the adhesions were broken up the patient did not come from under the influence of ether, and her pulse was feeble and rapid. The patient died one hour and a-half after etherization was commenced.

"Castration for Hysteria."—Under the above title a French journal gives an account of a case which was presented to the Berlin Medical Society some months ago, and which has scarcely attracted the attention in this country which its significance deserves. Dr. Israel presented to the Society a young woman twenty-three years old, cured of severe hysteria by "Battey's operation," of which she bore the cicatrix. The patient had suffered for some years from obstinate vomiting, accompanied by severe ovarian pains. She became extremely weak and anæmic. Many surgeons advised the operation, and she gradually arrived at the conviction that castration was the only remedy for her sad state. The operation was performed under chloroform "with all antiseptic precautions." During the first three days after the operation there was extreme tenderness in the lower part of the abdomen, and ice was obliged to be constantly applied. At the same time there was retention of urine, which only passed off at the end of twelve days. A week after the operation the vomiting had ceased, and the pain in the ovarian region had disappeared. The patient's cure remained permanent. One detail, however, of this beautiful illustration of the value of "oöphorectomy" remains to be mentioned, and it is not unimportant. The operation was a pretended one. A superficial wound only was made! The result certainly justified the means.—*London Lancet.*

Ovariotomy during Pregnancy.—Karl Schrœder (*Zeitschrift fur Geburtshulfe und Gynakologie*), on the strength of seven successful ovariotomies during pregnancy performed by himself, and fourteen performed by Olshausen, with only two deaths, considers that ovariotomy during pregnancy is an operation not to be feared especially, and only to be avoided when especial contra-indications are present (*British Med. Journal*). It improves the prognosis, he considers, for the mother, and probably does not injure it for the child. The operation is best performed during the earlier months of pregnancy. Later, the broad ligaments are so full of dilated veins that the treatment of the pedicle becomes more difficult and more dangerous.—*Louisville Med. News.*

A New Physical Sign in Thoracic Aneurism.—Dr. Drummond, of Newcastle-on-Tyne, has demonstrated before the Northumberland and Durham Medical Society a physical sign which will apparently be of considerable value in the diagnosis of aortic aneurism, should it not turn out to be pathognomonic. When a patient who is suffering from thoracic aneurism inspires deeply, and then closes the mouth and expires slowly through the nostrils, a puffing sound is heard on auscultating the trachea, which is synchronous with the cardiac systole. This sound is best heard with the binaural stethoscope, and is evidently a sudden involuntary expiration caused by the sudden systolic expansion of the sac expelling air from the chest. This physical sign has been demonstrated by Dr. Drummond to be absent in cases of aortic valvular disease without aneurism, while it is present in every case of aneurism

which has come under his notice since the discovery of the sign, viz., four; and he also thinks it will be of importance in distinguishing between aneurism and sarcoma of the lung.—*Doublin Jour. of Med. Science.*

INCISED WOUND OF THE HEART.—Dr. A. Trego Shertzer, of this city, reports in the *Medical Brief*, the following interesting and unusual case:

"December 24, 1880, I was summoned to see George F. Talbott, aged twenty-nine years; printer by trade; height, five feet ten inches; weight, 140 pounds; complexion fair. I arrived at 10 P. M; was informed that he had been stabbed at 9.30 P. M.; found him sitting in arm-chair in a complete state of syncope; feeble, flickering pulse; cold, clammy perspiration, and death pallor in every feature; found stab wound two and a-half inches below left nipple; gave it as my opinion that the heart had been injured, and the patient would live but a short time; had him placed upon a lounge; did nothing but give few drops of brandy; remained with him until death, which occurred at 11.15 P. M., one hour and forty-five minutes after receiving wound He breathed slowly and with considerable regularity; finally, giving one sudden gasp, all was over. December 25th, 11 A. M., made *post-mortem;* found wound two and one-half inches below left nipple, one-eighth inch left of nipple; fifth rib cut in two one-half inch from cartilage connection with sternum, and two inches from mesial line; wound extended in an upward direction, entering the left ventricle of the heart one and one-fourth inch above apex, producing a transverse wound of about twenty degrees, one inch long, through muscular walls of heart. Considering that this man lived one hour and forty-five minutes with such a wound, it is a most remarkable case. I know of but one similar case upon record. During the eight years of my military practice, and two wars through which I have passed, having charge of some of the largest military hospitals, have frequently seen cases in which we had every reason to believe that injury had been done to the heart, and the patient recover. In those cases, and in cases in private practice, where parties had been shot through the heart and recovered, the muscular contraction of the heart closed the wound, forming a clot, which prevented hemorrhage, the wound healing by first intention; but in this case the ventricle, upon which devolved the duty of forcing through the entire body the current of blood, had in its very center a gaping wound, and which wound was enlarged at every contraction of the heart, leaving out its contents to escape within the walls of the chest, producing an additional pressure upon the circulation and respiration; and when we consider that the capacity of the ventricle is about two ounces, and in which is a gaping transverse wound one inch in length, we scarce can believe that little, if any, of the blood passed through the aorta, continuing in the circulation; therefore I think we are justified in the opinion that the heart continued to contract until nearly the entire blood was returned from the general circulation to the heart, there to be lost."

SOCIETY BULLETIN.—*Baltimore Medical Association* will meet on Monday, February 28th, at 8 P. M. Dr. Edw. B. Price will open the discussion.

Medical and Surgical Society meets every Wednesday, at 8.30 P. M.

Clinical Society of Maryland will meet on Friday, February 18th, at 8 P. M. Dr. W. E. Moseley will read a paper on "Battey's Operation."

Baltimore Academy of Medicine will meet Tuesday, March 1st, at 8.30 P. M.

CHLORAL-HYDRATE AS A BACTERICIDE.—M. Dmitrieff, in a recent inaugural dissertation published at St.

Petersburg, states that he has tested the effect of chloral-hydrate, both clinically and experimentally, on unhealthy, badly granulating, wounds. By excision of a piece of skin in dogs, and infection of the wound with putrefying matter, he produced unhealthy ulcerating surfaces. Some of these he dressed with one or two per cent. solution of chloral-hydrate, while the rest were simply covered with a moist cloth. The first very soon became healthy, and cicatrised before the others. The ulcers, on microscropic examination, were found covered with a layer of micrococci, which disappeared after two or three days' dressing with chloral-hydrate. These results were confirmed clinically; and the writer has also shown that an equal quantity of one per cent. solution of chloral-hydrate destroyed, in twenty minutes, all mobility of the bacteria in a putrefying infusion of flesh.—*Clinical News.*

MEDICAL ITEMS.

The St. Paul Medical College has fourteen matriculants this year. This college has four terms=Dr. Keppler in his sixth ovariotomy, found three ovaries with their corresponding fallopian tubes=The Army Medical Museum and Library at Washington contains 20,000 specimens, illustrating military surgery and the diseases of the army, 51,500 volumes and 57,000 pamphlets = Each of the medical schools in New York claims to have 500 matriculants=Over one hundred members of the British Medical Association have signed a petition in favor of cremation=Dr. J. Bergman, of this city, claims to have discovered a microscopic fungus which constitutes the infecting poison in chancre=The University Hospital, at Philadelphia, has been given the sum of $50,000 with which to erect a new wing for incurables in connection with the hospital=The Mississippi Valley Medical Monthly is the name of a new medical journal published at Memphis, Tenn., by Drs. J. J. Jones and Julius Wise=Mr. Jonathan Hutchinson is said to be "the best all-round man" in London=The number of small pox cases is steadily increasing in London =Frank Buckland, the English Naturalist, is dead at the age of 54. It was he who discovered in 1859, in the vaults of St. Martin's Church, Charing Cross, the coffin of the great John Hunter, and had it removed to Westminster Abbey=Dr. Williams, of Cincinnati, has been elected an honorary member of the Ophthalmological Society of the United Kingdom=Sir William Gull and Sir James Paget, it is stated, receive from professional fees from $50,000 to $75,000 annually. Sir Charles Locock, the Queen's accoucheur, received one year $130,000, which is believed to be the largest income ever received by an English medical man. Several New York physicians claim to receive as much as $50,000 annually from professional work=Mr. Henry Bergh has had introduced in the Legislature of New York, a bill to prevent vivisection. Mr. Bergh has done a humane work in his society for the protection of animals against cruelty, but he has overstepped the bounds of good sense in his foolish efforts to influence legislation against a necessary evil=There are 13 doctors in the Tennessee Legislature=The estimated total number of American seamen is 170,000, and of this number from 40,000 to 50,000 now have or have had syphilis. Among 20,000 seamen treated in 1878–79, the per cent. of mortality from syphilis was one-fortieth of one per cent=The graduating class of the University of Nashville and of Vanderbilt University numbers this year 135, the largest for many years= Medical education in Cincinnati, is claimed by the *Lancet and Clinic,* has never been more thorough than at the present time. We claim the same for Baltimore.

MARYLAND MEDICAL JOURNAL,

PUBLISHED ON 1st AND 15th OF EACH MONTH.

THOMAS A. ASHBY, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

ORIGINAL PAPERS.

WRITERS' CRAMP.

BY G. LIEBMAN, M. D., BALTIMORE.

(Read before the Medical and Surgical Society of Baltimore.)

This nervous disease enlisted my interest not because of the brilliant results of its treatment, which are rather meagre indeed, but for the reason that we hear and read so very little about it, notwithstanding the great frequency of its occurrence amongst a most respectable and useful class of society, I mean clerks, book-keepers, authors and so on. But not only this latter class ought to be included under the category of Writers' Cramp; all artisans whose manual performances require a precise synergie of the flexors and extensors of the muscles of their fingers and hands, shoemakers, tailors, performers on the piano or harp, on the violin, all belong to this class. For this reason the term "Writers' Cramp" is incorrect, and some modern authors discuss the disease under the name of "Artisan's Neurosis," or spasm of the hand within co-ordination.

SYMPTOMS.

If we speak of writers' cramp proper, the spasms of the hand with inco-ordination, which are manifested in writing, appear almost always in the domain, 1st, of the *median nerve* (spasm of flexors); 2d, of the radial nerve (sudden extension of fingers); 3d, of the ulnar nerve (deviation of hand outwards). The spasm in the direction of the median nerve is either *tonic*, when the thumb and index finger seize the pen convulsively, or *cloni* , and here these two fingers are propelled, which causes the pen to twirl around its axis. This clonic form of spasm may also produce tremor of hands and fingers

In the beginning of the disorder a disagreeable sensation of tension in the hand is only felt after the patient has been writing for a long while, until the hand becomes more and more tired or affected with tremors, so much so as to force the patient to rest. Gradually the formation of thick and fine strokes is getting interfered with, and the letters become indistinct, small, sometimes monstrously large, distorted and indistinct. Trying to overcome this imperfection by increased attention and efforts, an increase of the spasm and weakness of

the hand is the result. To this a painful tension of the extensor muscles of the forearm is added, involving even the muscles of the shoulder or thorax. The cramp may manifest itself under the form of clonic contractions (spasm with tremor), or a tonic spasm of the flexors, the thumb forcing the pen firmly to the paper. But as stated above, the cramp is not produced only by writing; it manifests itself also in the following occupations: Sewing, knitting, drawing, playing piano, violin, in engraving, printing. *Coarser* movements which involve the muscles of the fingers and hands to a less degree are executed with comparative ease.

Some patients suffer from neuralgic pains of the forearm, some from sensibility to pressure and electrical stimulation of certain points of the vertebral column. It might be added, that there is certainly a form of inability to write, depending less upon spasm of the small muscles of the fingers or hand, than upon a *parcsis* of coördination (see my 3rd case), and Benedict calls this class, the second paralytic form or neurosis of coördinated occupations. Here the patient feels less a spasm than a fatigue of his hand, and has a feeling as though the hand should stick to the paper. These patients use their shoulders in writing. The letters look as made with a stick.

The most conspicuous common symptom of all the different forms is the great exhaustability of the apparatus of coördination, which manifests itself by ready fatigue. The neurosis is not as limited as it might appear upon first sight. This is shown by the fact, that when the patient tries to substitute the left hand for the right one, the very same trouble begins on the left side, or that the muscles of the shoulders even are getting affected, if the patient tries to use them for the affected muscles of the fingers.

ETIOLOGY.

Great importance must be attached to predisposition. Hereditary morbid conditions of sensibility are mostly present. The irritation produced by manual effort proceeds from the sensory muscular fibres and from nerves, which are distributed to the articulations of the fingers and hands, and produces by reflex action a disturbance in the coördinated action of the muscles. The consequence is spasmodic function and exhaustion.

Much writing is of course the chief direct cause of the trouble. Lately steel pens have been accused as the immediate cause. But it seems wrongly.

TREATMENT.

Methodical hydro-therapeutics (friction, parts of short duration, dorsal affusions), a trip to the country, to the seaside have a favorable influence in subduing the irratability of the patients. But all this brings along *no cure*.

The first condition for a cure should be discontinuation of writing for months, or rather for a year. But there is the greatest obstacle. Our patients can not as a rule give up their occupation, it being their only means of support.

As *Benedict* relates numerous cases improved or even cured by the galvanic current, I treated three cases, which came under my care, in the same manner, and I will give you a short sketch.

Case 1.—W. F. R., 49 years of age; denied any family-taint; enjoyed always good health; cool and calm in manner; had been book-keeper since his 17th year. Seven years ago found difficulty in writing; letters became uneven, coarse, large and distorted. During writing his *right hand would turn towards the ulnar side*. This state of affairs continued up to the present time, September 12th, 1880. Feels no fatigue in his arm, but has a sensation of a heavy weight at times in the extensors. Had taken no medicine for his trouble; but had some electrical treatment. On examination I found no increase or decrease of nerve-motor reaction; applied the reduced current

the first time to median nerve and to muscles.

September 17th. Patient has not written since last seance. Same condition—galvanic current (stabile) to brachial plexus and along median nerve.

September 24th. No improvement; treatment continued.

September 28th. No improvement. On trial, pen hardly touches the paper; hand turns inwards; this shows, that the radial nerve is mostly affected. Laberal galvanic applications to the latter and to plexus.

October 11th. Patient has been treated up to this date without any benefit (nine appplications in all). Lost sight of.

BILATERAL WRITERS' CRAMP.

CASE 2.—Mr. B. O., architect, æt. 38; came under my care on *September 23th*, 1880. Granite figure, of nervous temperament; springs from a neurotic family. Can not write with right hand at all, with left hand only by means of a lead-pencil. This trouble commenced four months ago. At present he complains of soreness of muscles of right thumb (adductor, flexor and opponens pollicis); soreness and cramp in first finger at the metacarpo-phalangeal joint. What is strange, the left hand is similarly affected. Soreness even greater. Muscular contractility increased upon induced current on both hands, hyperæsthesia. When trying to write with right hand, even with a pencil, the hand commences to tremble (flexor spasm with tremor), and comes to a sudden stop, pen leaving the paper (spasm of the extensors).

September 28th. After the galvanic application during the first seance soreness in muscles of thumb somewhat less.

October 7th. No further improvement. Can not give up writing. Seven galvanic applications left patient in the same unfavorable condition as before.

CASE 3.—Mr. E. S., 25 years of age, clerk, the offspring of a family saturated with neuroses, suffered at times from nervous depression and hypochondroasis—due as he thought to nocturnal emissions; as clerk in a well known counting room, patient had a great deal of writing to do. Since a year, his handwriting, which had been a very fair one, became defective. He got from his medical attendant different tonics to take, especially iron strichnia and quinia, which as he says, improved his writing for a time considerably. A relapse occurring he took bromides with similar results, a change for the worse taking place again after some time. Lately mental depression slighter, but difficulty in writing greater. On the day of application, *April 14th*, 1880, I found that the thumb of right hand would be pressed spasmodically towards the penholder, which did not prevent, though the fingers from slipping down to the point of stealpen, the latter turning away from the grasp of the first, and getting between the latter and second finger. Letters and especially figures distorted, irregular, getting smaller and smaller during writing; great fatigue of forearm. Occasionally spasm in adductor pollicis. Muscular electro-contractility of right arm diminished; tenderness of spinous process of the seventh cervical vertebræ, and a tender spot between fourth and fifth dorsal spinous processes. Treatment. Liberal galvanization of spinal column, descending, galvanization of cervical sympathetic and spinal-nerve current.

April 24th. Has had three appplications of the galvanic current, marked improvement in writing. Mental activity also improved.

April 27th. Has not been feeling so well in spirits; writing also worse. Besides the above mentioned applications, I therefore instituted also galvanization of the brain through the mastoid processes (8–9 cells of a Kidders' Battery).

April 29th. Same condition.

May 5th. Improvement in every respect; but pen is held between first and second fingers, instead of between thumb and first fingers.

May 23rd. Slight relapse of head trouble; also worse writing. Treatment continued.

I advised patient to buy a battery, and have applications made at home by his brother. He accepted this advice and is still using the battery once or twice a week with great benefit; feeling always refreshed and equal to his task of writing of a whole day's duration. Also his mind is strong and clear.

Here, at last we have a decided effect of our treatment, which is certainly encouraging, I must add that in this case I made with great care and perseverance applications to the nerve-centres, which I neglected in the two other cases, which were *not* benefitted at all, and that the result of this mode of treatment may after all point to the *seat of the affection as being central.*

IS NERVE AND ELECTRIC FORCE ONE, AND THE SAME?

BY JOHN J. CALDWELL, M. D., BALTIMORE, MARYLAND.

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(*Read before the Medical and Surgical Society of Baltimore.*)

In the Torpedo the body is somewhat oval and rounded. Our native species found mostly in winter, especially on the low sandy shores of Cape Cod, is *Torpedo occidentalis.* (Storer.)

Its batteries and nerves are substantially as in the European species. The electrical organs are constructed on the principle of the voltaic pile, consisting of two series or layers of hexagonal cells, the space between the numerous fine transverse plates in the cells filled with a jelly-like trembling mass, each cell representing, so to speak, a Leyden jar. There are about 470 cells in each battery, each provided with nerves sent off from the fifth and eighth pairs of nerves. The dorsal side of the apparatus is positively electrical, the ventral side negatively so. The electrical current passes from the dorsal to the ventral side, when the electrical ray is disturbed by the touch of any object, the impression is conveyed by the sensory nerves to the brain, exciting there an act of the will which is conveyed along the electric nerves to the batteries, producing a shock. The benumbing force is lost by frequent exercise, being regained by rest; it is also increased by energetic circulation and respiration. As in muscular exertion the electrical power is increased by the action of strychnine. (Owen.)

Marey has more recently made interesting experiments on the Torpedo, examining the discharge of the fish with the telephone. Slight excitations provoked a short croaking sound. Each of the small discharges were composed of a dozen plexus and pulsations, and lasting about 1-15 of a second. The sound got from a prolonged discharge, however, continued three or four seconds, and consisted of a sort of groan, with a tonality of about *mi* (165 vibrations), agreeing pretty closely with the result of "graphic experiments."

Marey has also studied the resemblance of the electrical apparatus of the electrical ray, or Torpedo and a muscle. Both are subject to will, provided with nerves of centrifugal action, have a very similar chemical composition, and resemble each other in some points of structure. A muscle in contraction and in tetanus executes a number of successive small movements or shocks, and alike complexity has been proved by M. Marey, in the discharge of the Torpedo. (Packard Zoology)

Malapterurus electricus (Lacepede), of the Nile, is electrical, the electric cells forming a layer directly beneath

the skin, and enveloping the whole body, except the head and fins. The cells are minute lozenge-shaped, about one and a half millimetres in diameter. They are supplied by a nerve from the spinal cord. The shock is comparatively feeble, but suffices for defence, the fish being protected by its electrifying coat, as the Hedge-hog by its spines. (Owen.)

One of the lowest Teleosts, the electrical eel (gymnotus electricus), of South America, which is two metres in length, and is characterized by its greatly developed electrical batteries. These are four in number, situated two on each side of the body, and together form nearly the whole lower half of the trunk. The plates of the cells are vertical instead of horizontal, as in the Torpedo, while the entire batteries or cells are horizontal, instead of vertical, as in the electrical ray. The nerves sent to the batteries of the eel are supplied by the ventral branches of about two hundred pairs of spinal nerves.

Thus we at last discover that man is but a differentiated crystal, the accompaniment arrived at being a modification of or highly differentiated voltaic pile. (S.)

In the Torpedo there are 470 cells in each battery. This is one of the lowest orders of vertebrates, and therefore the battery construction is simple, the discharges resembling more those from a charged Leyden jar. The machine remains at rest to be re-charged before another manifestation of power. As we ascend, the organism becomes more complex, and in the higher fishes and reptilia and lower mammals, the electrical apparatus resembles more dynamic electricity, whilst in champanzee, gorilla, we have faradaic electricity, and lastly in man, the phenomena require a combination of the different manifestations of this force. Hence we have discharge as from Leyden jar, when we knock a man heels over head. In ordinary motion dynamical electricity, whilst making love, magnetic force, when opposite poles attack and conjugation results. Whilst in reasoning we employ or bring into relation, or co-ordinate all of the different arrangements, resulting in magnetico, statico, dynamico force, ratiocination. (S)

As I have contended before this and other learned bodies for years past, it is apparent from the close analogy of electricity to nerve force, that this agent embraces a wide range of morbid conditions. Through the nervous cords which act as conductors, every part of the animal organism can be reached. In this way secretion and elimination of morbid products may be promoted, and the organ or apparatus restored to healthy action. The three great forces of nature are heat, light and electricity. These are the forces under whose influence vegetation is produced. Heat and moisture cause the germ of life in seed, to awaken the materials stored up for the use of the embryo undergo changes, both chemical and mechanical, so as to be fit for appropriation. The architecture of the plant begins. A spire shoots up from the bud, under the influence of the sun's light, the food afforded by the atmosphere is appropriated. Forces are active at the root, forces are active in the blade. There is no doubt in my opinion that electricity is one of the active forces which contributes to plant growth. We have all the conditions of its generation, heat, moisture, unequal heating of different mineral substances, causing thermo-electricity. We also have chemical action. It is impossible to draw a line of demarcation between vegetable and animal structure, and doubt not that heat, light and electricity are the physical forces under which animal structure is built up. The light of the sun is as necessary to the vigor and health of the animal, as of the vegetable kingdom. Indeed, as already stated, the two shade into each other so as to render it impossible to say where the vegetable ceases

and the animal begins. Electricity being one of the forces which contributes to the animal organism, is necessary to functional health.

HEADACHES AMONG YOUNG CHILDREN.

BY WILLIAM LEE, M. D., BALTIMORE.
Physician to the West End Free Dispensary for Diseases of Children.

Since I have been connected with the School Board of this city, my attention has been called, in a special manner, to headaches among young children; so much so, indeed, that I feel prepared to say that they take in early life a prominent position in the diseases seen then, and are therefore worthy of careful notice and consideration. I will venture to say that there are few amongst us who cannot but look back at the neglect of headaches in young children—those cases where no fever, vomiting or thirst may have been present to draw our attention; in fact, all the symptoms may have been subjective, and yet, in a comparatively short length of time, the child has been struck down by a convulsion, and brain trouble follow. Often have I seen children about the age of fourteen or fifteen years, especially girls at that period of life, in whom physiological changes are in active progress, suffering from headaches, at the same time be required to continue their studies, but doctor and patient treating of the matter lightly, instead of raising their voices against the present tendency to push the education forward (as shown by the amount they have to study and the number of hours they are required to remain in school) without regard to physical training, the acquisition of knowledge being considered more of moment than the vigorous growth of body and stability of frame.

May it not be said, with great truth, that those patients who are disposed to be careless in this regard incur a heavy responsibility in enforcing a course of study or a system of training that they know not only to be wrong, but which is likely to induce disorders from which they may have to suffer themselves, for from the resemblance in outward form and features which a child bears to the parent, I think we are reasonably taught not only how readily transmissible is every taint and peculiarity of the parent, but likewise should be put on our guard to try and avoid them. And this applies, in a particular manner, to headaches, for when the disorders of the brain and nervous system are considered, there can be but few, if any, who will not admit that headache is an affection more frequently hereditary than almost any other. It has often seemed curious to me this tendency to headaches, particularly the way in which it goes through whole families with similar characteristics, especially in those where gout and affections of the skin exists.

Admitting the above, is it not our duty to counsel prudence, and should not every effort be made to check the excessive confinement and study of children, which produces a train of nervous symptoms that lead to general debility, which takes the firmest hold of their constitution in the springtide of life?

I am frequently asked by children to sign certificates recommending absence from school for some days, who tell me at the same time that the least thing irritates them—when they study they become drowsy, have no appetite, and pass sleepless nights—all going to show that the influences which develope the general strength, and produce strong muscles and limbs are counteracted in their good effect by the undue pressure which is put upon the brain, and nature is thus thwarted, and her wise counsels are defiantly ignored and put aside.

Bearing in mind that physiology informs us that volitional cerebration

should not be attempted too early in life, and that in Nature's order the nervous system of an individual is the last to attain its full development, it becomes obvious that much care must be bestowed in deciding not only when a child should be taught, but particularly its individual brain capacity, likewise its cheerful or melancholy temperament, together with the amount of bodily strength. A moderate amount of occupation of the mind at the proper time and age, I am free to admit, is healthful and beneficial; and further, that without exercise an organ will not attain proper development, but at the same time excessive or premature exercise will not only monstrously develope it, but do so with great injury to the rest of the organism.

Without wishing to go into the discussion of how headaches should be classified, or any general plan of treating them, I simply desire to speak about three characters of headaches to the exclusion of others, they having been most frequently recognized by me: First, headaches from overtaxation of the brain; second, gastric headaches, from intestinal and hepatic derangements; third, headaches from anemia, neuralgia, nervous headaches. The first having been discussed in the foregoing part of my paper, I shall simply add a word in regard to treatment, which is that of a number of remedies tried by me—monobromide and the bromide of sodium have given best results.

Gastric headaches may be caused from errors in diet and overfeeding, but much less commonly so than in adults. It is, however, often met with from irritation elsewhere as the result of ascarides in the rectum or worms in the bowels; also from tubercular disease of the lungs, and it is not uncommon during dentition, particularly at the time of weaning, if the child has been reduced by the eruptive fevers or by improper food and impure air.

What is familiarly known as the sick headache is most commonly found in the ordinary forms of atonic dyspepsia, and most liable to affect those out of health, and whose digestions are weakened by a number of causes. This form of headache appears sometimes within two hours after food has been taken—most commonly, however, the patient awakens very early in the morning complaining of some indistinctness of vision, vertigo, and noises in the ears, followed by headache, which foregoing symptoms, strange to say, usually disappear almost entirely a short time after the pain comes on.

To give temporary relief for headaches seen in gastric troubles, fluid extract of guarana will act better than any one remedy, provided the patient be made to lay down for a few minutes after each dose, and to improve the nervous energy of the stomach as well as that of the system at large nux vomica will give wonderfully good results. But with a view to permanent cure no particular rule can be given, except to improve the quality of the blood by re-establishing the digestive and nervous powers, and to enable the system to appropriate and act upon the nutriment conveyed to the tissues through methods calculated to favor healthy metamorphosis and the elimination of effete products.

Headaches from anemia—neuralgia, nervous headaches. This form usually affects those of a timid and delicate constitution, particularly if they have been reduced by acute or chronic disease. The chief symptoms by which we can distinguish headaches that come under this groupe are localized pain in one temple or half of the forehead, coming on in paroxysms, the pain being frequently situated over the brow or supraorbital ridge, with the ball of eye tender. The pain may extend across the forehead, but usually remains limited to one side. Nausea generally comes on a short time after the pain, but vomiting very rarely takes place,

which is so only in regard to this form of headache. Besides those cases seen as a result of anemia, &c., I have treated a number of children suffering from neuralgia in whom the cause could be traced to delay of second dentition, the pain involving the branches of the fifth nerve as they ramify over the brow and temple. Sometimes, too, a severe neuralgic pain will accompany the cutting of the second molar teeth, which yield promptly upon the same being lanced. When the headache is due entirely to cerebral anemia, pain is referred to the top of the head, which is often found hot and burning. Whilst in headaches from hyparæmia the pain is frontal, throbbing and bursting in charactar. For the treatment of headaches mentioned under this class a general tonic plan must be pursued. In some special cases valerianate of zinc will prove to be a very serviceable remedy, particularly if there is no sickness of stomach and if the pain is chiefly on one side of the head, it seems in these cases to be a powerful nervine tonic. In treating malarial headaches, I have found, as far as children are concerned, that more good can be derived from Fowler's solution of arsenic and dialysed iron than any other of the medical preparations.

REPORTS OF CASES.

ABSCESS OF THE BRAIN.
(FACIAL NEURALGIA AND PTOSIS.)

BY HERBERT HARLAN, M. D.
Chief of Nervous Clinic at University Hospital.

G. T., æt. 35, stonemason living at Canton, complexion light, and previous health good; came to Nervous Clinic at University Hospital January 7th, complaining of intense facial neuralgia, and gave the following history:

Has had pain on left side of face for six months, violent in character the last two months. Three and a half years ago had syphilis, accompanied by swelling in groin which burst. Afterwards had rheumatic pains, cured by medicine from dispensary. Has been married for ten years and has five children alive and one dead, last born one year ago.

On examination there was noticed slight protrusion of left eye with ptosis of a week's standing. Vision was not materially interfered with. Pupil responded to light and opthalmoscopic examination gave only negative results. On septum of left nostril was small ulcer. All the upper teeth on left side had been drawn in hope of relief from neuralgia. A diagnosis of intracranial trouble, probably of specific nature, was made and he was ordered the dispensary syphilitic mixture and advised to enter the hospital. This he did on the following Monday, and Dr. West, Resident Physician, kindly furnished me rest of his history and treatment. On night of entering he was given forty grains of bromide of potash, and thirty of chloral hydrate, and at bed time three C. C. pills. Slept badly on account of pain. Next morning he was ordered ten grains of iodide of potash t. d., and on Thursday this was increased to fifteen three times a day. Thursday he was dull, stupid, and in bed, sweating, pulse feeble, temperature not taken. Friday was worse, and only roused with much difficulty. On Saturday about noon saw him when he was in a profuse perspiration, breathing heavily, eyes turned up and pulse full and bounding, and entirely unconscious. He died the same afternoon.

The following morning the autopsy was made in the presence of Profs. Miles, Chisolm and Michael, and with the assistance of Dr. West. A careful examination of all the thoracic and abdominal viscera failed to reveal anything pathological. The cranium was opened in usual manner with a saw, and dura mater cut through around the edge of saw incision and cutting through falx anterior by it, with

dura mater was turned back. The membranes and sinuses up to this point presented nothing abnormal. Frontal lobes were then elevated and nerves at base severed. The gray matter of left spheno-temporal lobes was found adherent to dura mater at the interior part of root of great wing of sphenoid bone. These adhesions were carefully broken up with the finger and the cord being cut below the medulla the brain was removed entire. On inspection there was found a quantity of pus diffused over the surface of the cerebellum, pons and medulla under the pia mater and in the inferior convolution of spherno-temporal lobe over the seat of adhesion was found a small abscess containing about two drachms of pus.

On turning to the skull there was seen in the left middle fossa an irregularly circular lesion of the dura mater nearly an inch in diameter, and under this, and extending very slightly into the sphenoidal fissue was a small quantity of pus. The surface of the bone was somewhat roughened. The orbit was then opened with a chisel and only some serous infiltration found. The tissues in the socket were as usual. The brain was then hardened in strong alcohol and bichromate of potash, and a careful examination several days afterwards showed that the abscess mentioned above as in the left spheno-temporal lobe had communicated with the middle cornu of the lateral ventricle of that side, and that pus by this route had traveled through the foramen, then by way of the aqueduct of Sylvius to the fourth ventricle, and then out to be diffused over the surface of the cerebellum pons and medulla as seen above. The structures along this route showed evidences of acute imflammation, particularly the the white matter of the corpus callosum above the lateral ventricle and the floor of the fourth ventricle.

In considering the above case several interesting questions are presented.

First, as to the primary lesion and its cause. Was the abscess in the spheno-temporal lobe the first trouble, and did it extend thence in both directions, involving on the one side the dura mater, and extending through it to the bone beyond and there involving the second branch of the fifth nerve at or about the foramen ovale, and on the other at the later day break through into the lateral ventricle? Or did the trouble begin in the bone and then attack the dura mater, brain substance, etc. in regular order? Or, lastly, did it begin in the dura mater and thence involve the structures on either side?

The latter view seems most probable. The earliest history, that of facial neuralgia, points to trouble about the second branch of the fifth nerve, just beyond the Gasserian ganglion. On the other hand the bone was not necrosed. The surface was only roughened—such an appearance as would follow the continued contact of pus with a healthy bone surface. Then if the original lesion was of the dura mater the question arises was it of syphilitic origin. I know the tendency is to make syphilis a scape-goat, but I think it necessary before arriving at such conclusion in a given case, either to have a clear specific history or some very characteristic lesion. In this case the patient admitted syphilis, but described a simple sore followed by a suppurating bubo. The only symptom referable to secondary manifestations was the rheumatic pains, while the sore throat, alopecia, dermic complications, etc. were entirely absent. And at the autopsy nothing whatever was found pointing in that direction. But probably the most interesting point in the case is the entire absence of paralysis, except that of the levator palpebræ, or of any other symptom indicating grave brain involvement. Only the second branch of the fifth nerve, and the small filament of the third supplying the levator palpebræ were seemingly affected,

while all the other nerves in the immediate vicinity escaped. The protrusion of the eyeball was probably due to interference with the nervous circulation of the orbit by pressure on the opthalmic vein near its junction with the cavernous sinus.

The small ulcer of the septum was of a simple nature, and I think due to the trophic function of the nerve being interfered with. The immediate cause of death was doubtless the pus in the floor of the fourth ventricle, either from inflammatory action set up by its presence, or as a result of pressure on the important centers located there.

SOCIETY REPORTS.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

380TH MEETING, DECEMBER 29TH, 1880.

HYDATIFORM MOLE.

Dr. Opie.—I was called to see a lady on December 26th, with the following history: Was confined January 12th, 1880; menstruation commenced April 30th; missed menstruation Oct. 30th; had a flow begin November 14th, which continued until I saw her. On December 27th I found her bleeding quite profusely, and on picking up some of the clots I found hydatiform cysts of the chorion. The uterus was as large as at the sixth month of pregnancy, and the os sufficiently open to admit the index finger. I removed the mass gradually, because I believe it is best to follow nature in this respect, just as the uterus contracts on the child, and I did not wish to exhaust the patient. I therefore made efforts of removal at intervals of about ten minutes, requiring three quarters of an hour to complete the operation. There was not much loss of blood, but little pain, and firm uterine contraction followed. An abdominal bandage was firmly applied to maintain the contractions, to promote involution, and to prevent septicæmia. This morning the pulse is 84, temp. 102°, which, I think, may be partially dependent upon the cessation of nursing. In one and a-half months, dating from November 14th, this womb has developed as much as is ordinarily seen at the sixth month. She suffered much from sick stomach, probably from stretching of the uterine fibres. Microscopic examination showed that each little vesicle contained myriads hydatids. Barnes says that the discharge of one of these vesicles sounds the deathknell of hope of a favorable gestation. This, I think, hardly correct, for we see women pregnant with twins; one placenta may contain hydatid, the ovum perish and be thrown off while the other ovum may go to full term and a living child be delivered.

Dr. Lynch.—Why did you suspend lactation?

Dr. Opie.—Because the patient was anæmic, and I did not wish to further exhaust her. The only good from the continuance of lactation would be that it might promote uterine contractions. No antiseptic measures were used.

Dr Erich thought that antiseptic measures were indicated and should have been employed in the case just related. While he believed in the early and preventive treatment of septicæmia, he did not agree with those who regarded this disease-process as necessarily fatal. In support of his opinion he cited the following case: In a case of ovariotomy the abdomen was not washed out clean, and septicæmia resulted. By means of a double canula inserted between two sutures a two per cent. solution of carbolic acid was injected and allowed to drain off immediately. The results were alarming. The temperature, from 150°, ran down until it could not be measured by the ordinary fever thermometer, the pulse failed and the patient became maniacal. Brandy was injected hypodermically and the woman recovered. For a short time the antiseptic seemed to be more dangerous than the septicæmia.

MOLES.—*Dr. Erich.*—Moles are uterine tumors the result of conception. The specimens exhibited were taken from a woman who had been bleeding four months. She was pregnant about six weeks when abortion occurred, but the bleeding did not cease. The womb was dilated by two tupelo tents, the finger inserted, and these masses felt attached, by the edges,

to the uterine walls, like two leaves. They were removed with the curette. They must have developed from some shreds remaining after the abortion. The recovery was prompt. I have had a number of these cases which I think would have proved fatal had the moles not been removed. In any case of abortion where the hemorrhage continues over a week the womb should be dilated and the cause found. In two cases I mopped the cavity of the uterus with cotton saturated with Monsel's solution and there was no further trouble. If a few little shreds are allowed to remain profuse hemorrhage may result.

Dr. Opie.—Have you not found the membrane in some cases make such strong attachments that if you pull it off part of the uterine wall will be removed with it, which may give rise to serious results? Dr. Barnes so states.

Dr. Erich.—Some of the cases were of that nature. I do not tear the mass off with forceps, but only scrape off the projecting parts by means of the wire curette. I would rather tear off a small portion of the mucous membrane than allow these shreds to remain. There is no end to their life, and so long as they remain they will continue to grow and bleed.

HEART DISEASE.—*Dr. Chambers.*—A colored boy who had had rheumatism, complained of pain over the cardiac region. The pulse was weak, and upon examination, aortic and mitral regurgitation was diagnosed, for which tr. digitalis and iron were prescribed, with the result of making him worse. There were blanched lips, due to contraction of the arterioles, and I thought there was a spasmodic condition of the vessels and an overloaded heart. Digitalis and aconite were then administered, without beneficial effect. He is now taking aconite, and is doing better than ever before. It is a question whether digitalis may not do harm in aortic regurgitation by increasing the period of rest, and thus cause greater distension of the ventricle. His mitral regurgitation depends, I think, upon a debilitated ventricle.

Dr. Lynch.—Digitalis is less useful in aortic regurgitation than in any other form of heart disease. Theoretically we might think it would do harm as the gain in the increased tone of the systole would be lost in the contraction of the capillaries In mitral regurgitation and dilitation it is our best remedy. There are two periods in cardiac trouble in which it is useful. In the beginning, before ventricular hypertrophy; and in a later stage, when dilitation and debility of the ventricle. When the hypertrophy becomes of itself equal to the forcing of the blood through the circulation digitalis is not useful. Dr. Lynch opened the regular subject for discussion, Phthisis, in some able remarks concerning its pathology and treatment.

381ST MEETING, JANUARY 4TH, 1881.

Dr. Cathell.—I attended a lady in confinement on Christmas evening; everything normal. On the fifth day I inquired concerning the cord, and learned that it had not sloughed yet, and upon examination, I found it swollen, and the stench was horrible. On the 6th day found that the cord was granulating for about three-quarters of an inch, and every day after it seemed to be more and more organized, the cord for three-quarters of an inch from the point at which it ought to separate, appeared like a fungous mass. As it showed no disposition to die, a silk ligature was applied, which cut into the granulations and caused much hemorrhage. Lint dressing was used, and to-day I cut off all the mass beyond the ligature without further loss of blood. This experience is new to me, never having had any special difficulty with the cord before.

Dr. Bennett.—I was called last summer to see a boy five years old, who had an umbilical tumor the size of a chesnut. It was covered with granulations, and required three or four dressings a day to keep it from soiling the clothes. It had existed from birth. A ligature was applied and it sloughed, and without further trouble was healed.

TYPHOID FEVER.—*Dr. Chambers* related a case of typhoid in which there was no elevation of temperature, but first week low, muttering, delirium, temperature, not above 98½, until the beginning of the second week. He thought too much stress was laid upon the increase of temperature in this disease, and that as scarlatina and other exanthematous fevers may run their course without a

perceptible increase, it might also be the case in typhoid.

Pelvic Peritonitis and Pelvic Cellulitis.—*Dr. Erich.*—Pelvic peritonitis is now generally called peri-metritis; and pelvic cellulitis, para-metritis; and, although there may be some advantage in the change, I shall adhere to the old names. I shall exclude all forms of cellulitis not connected with the uterus or its appendages. When these diseases occur in the acute form they are frequently associated, and then it is not always easy to make a differential diagnosis. By pelvic peritonitis we understand inflammation of that portion of the peritoneum which lines the cavity of the pelvis and covers the pelvic organs. It exists as a local disease, and is frequently chronic, The acute form is more easily diagnosed. The disease is frequently ushered in with chill, followed by fever, temperature 101°, 102° (rarely higher), slight tenderness, and over the roof of pelvis and behind the uterus a hardness and thickening. Lymph is thrown out, which gradually descends into Douglas' cul-de-sac, hardens and glues together intestines, organs, &c. The causes are the same as those of general peritonitis, as cold, and one form is produced by gonorrhœa extending through the uterus and tubes. It may become general and end fatally, but this is rare; it may extend to the ovaries and be followed by abscess, which may burst externally, or may rupture internally, with fatal result. Sometimes a distinct cyst is formed in Douglas' cul-de-sac, and upon aspiration serum or pus will be found, depending upon the stage of the disease. Pelvic cellulitis most frequently occurs after operations about the uterus, parturition or abortion. When acute in the puerperal condition, it forms one of the varieties of so-called puerperal fever. Pathologically, it is an inflammation of the connective tissue about the uterus. It may be acute or chronic The general symptoms are similar to those of pelvic peritonitis. The pain is, however, oftener localized on one or other side. The temperature is usually higher than in pelvic peritonitis. On physical examination a dense, hard swelling is detected in the roof of the vagina, generally to one side. This swelling may extend up into the iliac region, where it forms a hard, painful tumor. The inflammation terminates in suppuration or resolution. In the former case, the evacuation of the pus is indicated when it can be reached without too much risk.

As a sequel, chronic pelvic abscess may remain, which may last a long time and give rise to serious errors in diagnosis. The prognosis is more favorable than in pelvic peritonitis As in the latter disease, the pus may be discharged in various directions, though the point of election seems to be the groin.

One of the striking symptoms of pelvic cellulitis is a haggard and emaciated appearance, resembling that frequently seen in some inflammatory forms of phthisis. After evacuation of the pus and restorative treatment, these patients rapidly take on flesh, and soon regain their former weight.

Diagnosis.—In cellulitis the tumor is usually found to one side, apt to occur in one of the broad ligaments; pushes the uterus to opposite side and fixes it. It is hard, but may not suppurate, may end in resolution; if it suppurates, we find the mass getting softer. It is usually produced by some operation or wound about the uterus, or the result of parturition. In typical cases the diagnosis is not difficult. In peritonitis we find the vaginal roof, uniformly thickened and becoming harder with the uterus fixed. In pelvic cellulitis the mass is hard and softens; in pelvic peritonitis it is soft and hardens In cellulitis there may be a fluctuating point surrounded by hardness.

Treatment.—Relieve pain and secure rest, which is best done by opium, tonics, antipyretics as quinine and careful feeding. If fluctuation in either case, evacuate if it can be done without much risk. If the cavity be opened and drainage not secured, it will refill in a short time. If washed out with carbolized water, it may heal very nicely.

The chronic forms of these diseases are the most troublesome and most likely to be mistaken. One is frequently called to cases thought to be cancer, typhoid fever, hysteria, etc., which an examination will show to be one of these affections. Under excitement the patient may brighten very much and then have a relapse which may keep her in bed for several days. There is usually pain after

urination and after defecation it may last for hours. In the treatment we have to build up and let nature do the curing. Sexual intercourse should be prohibited; use opium when pain is severe. Tonics, as quinine, iron and strychnia are useful. Infuse hope into the patient

Dr. Brinton.—Lady, primipara, was confined five weeks ago; delivered with forceps; did well for eight or nine days, then had a severe chill, followed by temperature 105°, and severe cramps. For next five days temperature varied from 102° to 105°. A hard lump was then detected on the left side of the pelvis. This was recognized four weeks ago. Now the temperature is normal, pulse 112, but a hard lump can be found in Douglas' cul-de-sac. She has taken between 400 and 500 grs. of quinine, and when she had severe pain opium was used freely. Hot applications have been used all the time. In pelvic cellulitis I think I have seen blisters over the seat of pain do good.

Dr. Erich,—Think probably your patient will recover as they do not usually die after parturition. Seen abscess burst in the groin, rectum, bladder, and in one case into the bladder and vagina, thus producing a vesico-vaginal fistula in a round about way.

Dr. Scarff.—Two years ago a lady aborted at the second month, which was followed by an attack of pelvis cellulitis. Got better and did well for one year, when she took a twenty miles' ride, immediately after which subacute symptoms appeared, and she has suffered severely ever since. There is pain in the right iliac region and great weakness. She has taken Buckner's comp. iodine pills, iron, quinine, &c. For the last two months has taken liquid beef, and tr. iodine applied over the stomach. I would like to know what will relieve this intense pain and prevent the great weakness. All deposit has been absorbed, but abdomen is slightly swollen. She can ride all day, but cannot walk across the room.

Dr. Erich.—A careful examination should be made to see if there is not a chronic abscess. The pelvis may be clear, but there may be an abscess in the abdomen. The best remedy to relieve the pain is potass brom 3ss., repeated two or three times a day. Regulate the bowels by calomel gr. one-sixth, rubbed up with sugar and repeated as often as necessary.

Dr. Lynch related three cases of cellulitis connected with parturition. All recovered.

BALTIMORE ACADEMY OF MEDICINE.

MEETING HELD NOVEMBER 2D, 1880.

H. P. C. WILSON, M. D., President, in the Chair.

EUGENE F. CORDELL, M. D., Reporting Secretary.

FŒTUS BORN WITH ABSENCE OF ANTERIOR ABDOMINAL WALL AND OF ONE LOWER EXTREMITY.—Specimen exhibited by *Dr. Uhler*, with the following history: He was called to a woman in labor; detected the supposed bag of waters protruding, and on palpation over the abdomen, made out that the head was above. Labor was completed without difficulty. It was then found that the supposed bag of waters was due to a large umbilical tumor which contained the intestines and some of the viscera. The walls of the tumor were thin and transparent. The cord was very short, and a portion of the circumference of the placenta was adherent to the umbilical protuberance There was no sign whatever of the left lower limb. The child was still-born There was nothing in the woman's history to account for the condition of the parts observed.

Dr Morris referred to a case where a child was born with a similar protrusion from the umbilicus, and lived for ten days (see MARYLAND MED. JOUR., July 1st). He also referred to a case where the bag of waters came down with the head and protruded from the vulva, creating some doubt as to its nature and great alarm for a time to the physician in attendance, who mistook it for a protrusion of the rectum.

CAN THERE BE A VACUUM IN THE PLEURAL CAVITY? DISCUSSION AS TO THE CAUSE OF PERSISTENT DULNESS AFTER REMOVAL OF A LARGE COLLECTION OF PUS.—*Dr. Chew* reported the following case: Six weeks ago he was called to see a case in consultation, in which he found dullness over the left

side of the chest, absence of vocal fremitus and resonance, and of respiratory murmur, together with displacement of the heart to the right side—signs indicating a fluid accumulation in the left pleural cavity The needle of the aspirator was introduced and fifty ounces of healthy pus drawn off, as much as would flow away. Notwithstanding the large amount of fluid removed, there was scarcely any appreciable improvement in the signs; manifestly there was very little expansion of lung, which was borne down by adhesions at the upper part of the thorax. How are we to diagnose the reaccumulation of fluid in such a case, if it should appear to be necessary to repeat the aspiration? About six weeks afterwards, the condition as to physical signs being about the same, as at the previous operation, the largest needle of the aspirator was introduced, and then withdrawn and introduced at another point without in either case finding fluid. The ribs approached closer at the second operation than at the first, causing some difficulty in finding space for introducing the needle; the heart, however, was still displaced to the right side. Query: is the dulness now found due to the pressure of pus not removed in the first operation, to pus since formed, or to the fact of the needle pushing the tissues before it without penetrating them?

Dr. McKew said the thickened pleural membranes, increased at the second aspiration would account for the dulness upon which Dr. Chew laid such stress. He did not think there would be a perfect vacuum under the conditions observed; the vessels must, of necessity, give out air.

Dr. Arnold said that on percussing lightly, after removal of the liquid, dulness would be elicited, but if firm pressure were made with the pleximeter resonance would be discovered.

Dr. Tiffany said it was not possible to make a vacuum in the chest. How could the fluid be withdrawn if there were no pressure upon it? The pressure of the atmosphere is sufficient to overcome any tendency to a vacuum. In proof of the possibility of the diaphragm rising to meet demands made upon it in the way alluded to, he stated that it was almost possible, on the dead subject to feel the first rib on the left side by thrusting the hand upwards from the abdomen against the diaphragm He also compared the suggested vacuum to the action of a cupping glass.

Dr. Erich agreed with the last speaker. The surrounding tissues, lung, diaphragm, expanding blood vessels, &c, would fill in the vacuum as fast as created.

A convexity of the intercostal spaces indicates the presence of fluid in the chest; a concavity, the reverse.

Dr. Uhler was glad to see physics introduced into medical discusions. He had seen a case, where owing to slowness in the introduction of the aspirating needle, it had carried before it the tissues, thus failing to reach the fluid. A vacuum would yield dulness on percussion. To test the question whether the lung expanded or not, the whole amount of air entering the lungs might be measured.

Dr. Chew said the striking feature of the case was that, notwithstanding the large removal of fluid, there was far less resonance than we would *a priori* expect. In passing, he referred to the bad effects of the drainage tube, so much insisted on at this time by surgeons, and alluded to severe cases thus treated, reported in the *N. Y. Med. Record*, all of which were fatal. He had brought the case forward simply to elicit the views of members, and particularly to obtain some satisfactory explanation of the persistent dulness. However, the ability of the intra-thoracic tissues to meet the forced withdrawal of liquid (which had been so much insisted on) must be materially influenced by the binding down of the heart and left lung, and the limited capacity of the diaphragm to rise.

Dr. Uhler said the discussion showed the importance of distinguishing more accurately the various shades or pitch of sounds produced by percussion. He thought the musical quality of the sound and its rate of travel through and from solids, liquids or gases (to be determined by instruments of precision) might be utilized here.

REVIEWS & BOOK NOTICES.

Clinical Lectures on the Physiological Pathology and Treatment of Syphilis. By FESSENDEN N. OTIS, M. D., Clinical Professor of Genito-Urinary Diseases in the College of Physicians and Surgeons, N. Y, etc. G. P. Putnam's Sons, New York, 1881. Musam & Siemers, agents, Baltimore. Price $1.50. Pp. 116.

These lectures were delivered before the class at the College of Physicians and Surgeons, New York, during the session of 1878–79. They are now placed before the profession in this more permanent form with the purpose of securing such attention as will lead to an impartial examination into the evidences adduced in favor of the view of syphilitic disease based upon purely scientific grounds—a view through which, the author believes, every phase of syphilis may be legitimately explained, in its varied aspects, in complete accordance with well known physiological and pathological laws. Eight lectures were delivered upon the following subjects: "History and Nature of Syphilis;" "Initiatory Period of Syphilis;" "Period of General Infection, and Subsequent Localized Cell Accumulation;" "Period of Lymphatic Obstruction;" and "Treatment of Syphilis." In addition, six class-room lessons on syphilis are appended. The views advanced in these lectures are for the most part familiar to those who are students of this subject. Their preservation in book form will lead to their wider study and more careful scrutiny. Prof. Otis is a clear and chaste writer, and his lectures will greatly interest those who enjoy this character of literature.

A Manual for the Practice of Surgery. By THOMAS BRYANT, F. R. C. S., Surgeon to, and Lecturer on Surgery at Guy's Hospital, London. Third American from the Third Revised and Enlarged English Edition. Edited by JOHN B. ROBERTS, A. M. M. D., Philadelphia. Henry C. Lea's, Son & Co., 1881.

This work is so well and favorable known to the profession that an introduction is not required at our hands. Former editions have been kindly and favorably received, and we predict for this revised and enlarged edition the attention and respect of all students of surgery who are familiar with the practical character of the author's writings. The present edition has been rewritten and important additions have been added wherever needed to represent the present phase of surgical knowledge, or to illustrate the author's large and widened experience. As Surgeon to Guy's Hospital, Mr. Bryant has drawn his material from a personal acquintance with a fruitful field of clinical knowledge. He has given to the profession that wealth of practical information this great hospital supplies.

The present edition is edited by Dr. John B. Roberts, of Philadelphia, a young surgeon of promise, who adds to the text much new material relating to the opinions and practice of American surgeons not touched upon by the author.

The Bacteria. By DR. ANTOINE MAGNIN, Licentiate of Natural Sciences, Chief of the Practical Labors in Natural History to the Faculty of Lyons, etc. Translated by GEORGE M. STERNBERG, M. D., Surgeon U. S. Army. Little, Brown & Co., Boston, 1880. Pp. 222.

To those interested in the study of micro-organisms this volume will be found of great value. Its translation into English and publication in this country is a subject for congratulation. Any addition to our scanty literature on the subject of which this volume treats will be productive of good. This volume presents in a condensed form the most important results achieved in this line of inquiry up to the present day, and in addition,

the copious bibliography of the subject. The work is divided into two parts. Part First treats of the *Morphology of the Bacteria*, in two chapters. Chapter I. discusses the "Organization of the Bacteria in General," and "Different Modes of Association." Chapter II. is on "Classification and Description," "Place of the Bacteria Among Organized Beings, In the Vegetable Kingdom," "Description of Genera and Species." Part Second treats of the *Physiology of the Bacteria*, in two chapters Chapter I., "Development in General:" (*a*) Origin of Bacteria; (*b*) Nutrition and Respiration; (*c*) Reproduction. Chapter II., "Development in Different Media:" (*a*) Rôle of Bacteria in Fermentations; (*b*) Rôle in Putrefaction and Nitrification; (*c*) Rôle in Virulent Affections; (*d*) Rôle in Surgical Lesions. The volume is handsomely illustrated with heliotypes from photo micrographs introduced by the translator. The profession owes a debt to Dr. Sternberg for his effort in placing this work in our language.

A Treatise on the Principles and Practice of Medicine. By AUSTIN FLINT, M. D, Professor of Principles and Practice of Medicine and Clinical Medicine in the Bellevue Hospital Medical College, etc., etc. Fifth Edition; Henry C. Lea's & Co., Philadelphia, 1881.

The fifth edition of this well-known work will be welcomed by its many friends in the profession. Eight years have elapsed since the fourth edition was published. The progress of medicine during that period is now recorded in the present edition which has been revised, and in great part rewritten, with the addition of much new matter. In its present shape it represents the most recent views in general pathology and in practical medicine. The style and character of this work are too well known to the profession to require an introduction. For a number of years this volume has occupied a leading position as a text-book in the majority of medical schools, and the high position accorded to it in the past is a guarantee of a hearty welcome in this new edition. The book may be said to represent the present state of the science of medicine as now understood and taught. It is a safe guide to practitioners and students of medicine.

The Compend of Anatomy. By JOHN B. ROBERTS, A. M., M. D., Lecturer on Anatomy and Operative Surgery in the Philadelphia School of Anatomy, Demonstrator of Anatomy in the Philadelphia Dental College, &c., &c. Published by C. C. Roberts & Co., Philadelphia, 1881.

This little book, as the title page declares, is for the use of students in the dissecting room and in preparing for examinations. Under these circumstances it may prove useful, but it is entirely too condensed to supersede the more elaborate works even in the dissecting room. It will, however, be appreciated by those who desire to refresh their memories previous to being examined.

The Popular Science Monthly for March. D. Appleton & Co, New York. Price $5.00 Per Annum.

This number opens with a paper by Dr. F. L Oswald, on "Physical Education," in which is considered "in door life." The management of babies, fitting up of the nursery and proper educational measures of the first eight or ten years of a child's life are fully discussed. The subject of ventilation is practically treated, and the importance of fresh air to breathe at all times and every where is insisted upon. The paper will be read with profit. "The Problem of Municipal Nuisances" is discussed by Dr. R. S. Tracy, in a paper containing much statistical information. "Cerebral Localization, or the New Phrenology," is an account of the course of discovery in regard to the functions of the different parts

of the brain, and is chiefly devoted to the experiments and reasoning of Ferrier, contributed by Henry de Varigny, "A Piece of Coal, is an illustrated paper by R. S. Calvin. "The Development of Political Institutions," by Herbert Spencer is continued from former numbers. This treats of "Political Forms and Forces." "The Legal Position of Married Women," by Mrs. Anna Garlin Spencer, is an instructive summary of the progressive improvement of the position of married women, closing with a statement of their present legal status in the United States. "Mind as a Measure of Nature," by Charles T. Haviland, is an attack on the *a priori* interpretation of phenomena showing the dearth of results where that method was in the ascendant, and how it still survives to some extent even among scientific men. In addition to these papers will be found others of interest. The department of popular miscellany contains the usual amount of useful reading, invaluable to those who wish to keep posted in the progress of science.

BOOKS AND PAMPHLETS.

Bulletins of the Public Health. Issued by the Supervising Surgeon-General Marine Hospital Service under the National Quarantine Act of April 28, 1878. Reprint. Government Printing Office, Washington, D. C., 1881.

"*The Strong Galvanic Current in the Treatment of Sciatica. The Results in Thirty-two Cases.*" By V. P. Gibney, M. D., New York. Extracted from the Transactions of the American Medical Association, 1880.

"*Myopia in its Various Phases.*" By Julian J. Chisolm, M. D., Baltimore.

"*Cæsarian Section with the Removal of Uterus and Ovaries After the Porro-Muller Method.*" By Elliott Richardson, M. D., Philadelphia. From *American Journal of Medical Sciences*, January, 1881.

"*The Development of the Osseous Callus in Fractures of the Bones of Man and Animals.*" By Henry O. Marcy, A. M. M. D., Cambridge, Mass. Reprint from Transactions of American Medical Association, 1880.

"*On Certain Conditions of Nervous Derangements.*" By Wm. A. Hammond, M. D., New York. G. P. Putnams's Sons, 1881. Pp. 286. $1.75.

"*Aphorisms in Fractures.*" By R. O. Cowling, A. M. M. D., Louisville, Ky. Morton's Pocket Series, No. 2. 1881. Pp. 66. 25 cents.

CARBOLIC ACID IN FACIAL ERYSIPELAS.—Dr. Rothe observes (*Betz. Memorabilien*) that, however efficacious the subcutaneous injection of carbolic acid proves in arresting the course of erysipelas, it is not suitable when the face is the part attacked, for not only does it give rise to considerable pain, but induces a swollen and painful condition of the periphery (*Medical Times and Gazette*). For some years past he has been in the habit of using the following application: Acid. carbolic., sp. vini, each one part; ol. terebinth. two parts; tinct. iod. one part; glycerin. five parts; penciling the inflamed skin and its vicinity with it every two hours. No pain or sense of burning is produced, and the skin is usually next day pale and wrinkled. The further progress of the disease is more effectually arrested than by any other remedy, any new patches being rapidly effaced, so that in three or four days the facial erysipelas is usually at an end. The penciled places should be covered by a very thin layer of wadding. When febrile action is present the ordinary internal measures must also be resorted to.—*Louisville Medical News.*

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EDITORIAL.

LISTERISM.—Fifteen years have now passed since Mr. Lister offered to the profession his antiseptic system of dressing wounds. From then until now active, and oftentimes bitter discussion, has taken place in reference to the merits of the system. Warm advocates have arisen in various parts of the world who have awarded to the system the results claimed for it by its able and enthusiastic originator. Even many surgeons, who have not believed in the doctrines advanced by Mr. Lister, have been forced to admit that attention has been directed to an important principle of practice, and their indebtedness to him for improved methods of cleanliness and drainage which have secured better success than was hitherto known in surgery. The attempts to account for the results obtained by the antiseptic treatment upon other theories than the one insisted upon by Mr. Lister have not been without success. Of those who have been willing to accord to Mr. Lister the undisputed merit of the system, and have been following him for a number of years in all of its details and rigid requirements, not a few have been forced to abandon the use of the spray, the cumbrous materials and manipulations employed, and other paraphernalia pertaining to his methods of dressing wounds. It has been found not only inconvenient and burdensome to carry out the system according to enforced rules, but a practice which has not secured results more satisfactory than may be obtained by disinfection, cleanliness and drainage. When the disadvantages of employing Listerism in detail are considered, it is not surprising that even many of the most avowed champions of the system have compromised upon simpler modifications and details, or that others have abandoned the system *in toto*. The time required to carry out the details of the dressing, as recommended by Mr. Lister, and the cost involved, have prevented its use in general practice and its regular employment in many large hospitals. In this country the system has never been extensively employed. Whatever value the system presents, its practice can never be made general, and its employment must be confined to a limited number of cases.

The results obtained in Gynecological practice have rendered its adoption in ovariotomy a question of duty rather than one of choice, and yet we find that only a few months ago Mr. Lawson Tait boldly asserted before the Royal Medical and Chirurgical Society in London that the practice of Listerism was not only useless but injurious. At a late meeting of this Society Dr. Bantock stated that Mr. Lawson Tait had already questioned, before the Society, the advantages attributed to the Listerian precautions in the operation of ovariotomy. In a paper on "Hyperpyrexia after Listerian Ovariotomy," Dr Bantock pointed out the fact that the absence of pyrexia has been claimed as one of the best results following such precautions. In his experience the very lowest temperature occurred after a non-Listerian ovariotomy.

In his experience 36 Listerian cases and 36 non-Listerian cases gave a difference in temperature in favor of the former of 0.4°. In three Listerian cases the temperatures were the highest he had ever seen. He described at length two cases of poisoning from prolonged action of carbolic spray in complicated ovariotomies. He remarked that "it is easy to explain how pyrexia follows antiseptic operations. Carbolic acid is an irritant. Its great advocate introduced the "protective" to counteract its irritating qualities."

"The whole merit of Listerism lies not in the supposed good effects of carbolic acid, but in the cleanliness which it promotes." By reducing the strength of

the solution used in operations, Dr. Bantock gained excellent results with absence of pyrexia.

This paper drew out an animated discussion. The experience of Mr. Spencer Wells and Knowsley Thornton was contrary. Mr. Thornton claimed in his last 100 cases that he had a mortality of seven per cent. in hospital practice and in private practice he had only lost one case in twenty-seven. Without Listerism the mortality in ovariotomy might be reduced to ten per cent. but not lower.

Mr. Spencer Wells said that since adopting Listerism he had had 131 cases with thirteen deaths—a mortality of ten per cent., which was precisely the same mortality he had in the last two years of his hospital practice—viz., seventeen deaths in seventy-one cases. These figures alone might be quoted to show there was no advantage gained by Listerism. But there were very real advantages. He was surprised to hear Dr. Bantock, Mr. Tait and Mr. Thornton find such rises in temperature after Listerian ovariotomies, for he never saw them; it was rare to see the temperature over 100°. The method did not involve trouble—it really saved it.

Mr. Tait argued that it is impossible for any one to understand the theory and practice of Listerism. Mr. Holmes said he was not a partisan of any one method. He had sat at the feet of Lister and had tried to master the details of his method. He did not understand them. Did Mr. Lister himself understand them? He was sure Mr. Thornton did not understand them.

This discussion represents the views of the ablest advocates and opponents of Listerism in England. The reader will draw his own conclusion. This fact, we think, is demonstrated. In order to sustain a theory, which it is claimed Mr. Lister does not even understand, a system of treating wounds is advocated which is not supported by the universal experience of those who have practiced it. The position taken by the advocates of Listerism is not tenable upon theoretical grounds, and must sooner or later give place to one based upon larger experience and wider generalization.

CHANGE IN THE CURRICULUM AT BELLEVUE HOSPITAL MEDICAL COLLEGE.—The Faculty of this school introduced for the session of 1880–81 important changes in the curriculum of instruction and the requirements for graduation. The preliminary term was abolished, and the regular winter session was extended to six months. Attendance upon three winter sessions was made obligatory. Other changes looking to the elevation of the standard of instruction were introduced. The changes were made by the Faculty with entire unanimity and with the expectation that a considerable pecuniary sacrifice would be demanded on the part of its members, who were actuated solely by a desire to secure a higher grade of professional acquirements for the graduates of the college. A circular has recently been issued by this school, announcing that the experience of the session of 1880–81 has led the Faculty reluctantly to the conclusion that to persist in the requirement of attendance during three courses will be to incur a risk, as regards the interests of the college, which they do not feel justified in assuming; and also announcing that after the present session of 1880-81, attendance during a third session will be optional and not obligatory.

Notice is given that for the session of 1881-82, the requirement for graduation will be three years' pupilage, after eighteen years of age, and attendance upon two full courses of lectures, the last being at that school, will be required.

It will be remembered that the Bellevue Hospital Medical College, like most of American Medical Colleges, is self-sustaining, and relies upon its fees from students to carry out the special provisions for instruction which it maintains. It was one among the first schools in the country to embrace the third term movement and to require three years' attendance upon lectures in the requirements for graduation. Having given this progressive movement a fair trial, the Faculty feels obliged, by a proper regard for the prosperity and usefulness of the college, to return to the requirements for graduation which were in force prior to the session of 1880-81. It is affirmed that so far as a judgment can be formed from the present session, the profession is not prepared to sustain the movement.

The abandonment of the third term

requirement for graduation by this faculty will undoubtedly set at rest this vexed question so far as the majority of medical schools is concerned. If the system was dangerous to the prosperity and usefulness of the Bellevue school why should it not be so to all schools which are self-sustaining? The logic is convincing, the movement is practically dead. Such schools as Harvard, Yale, University of Pennsylvania and the Johns Hopkins may be able to enforce this requirement, but if the truth be told the third term rule has never been popular with the profession. It has not been regarded the best method of elevating the standard of medical education except by a few who were sincere in the desire to see this cause advanced by any method which would secure the result.

Many of the most ardent friends of medical education have regarded the movement as one of doubtful propriety, one of much pretence and insincerity, and one which would not secure the result aimed at by those who were honest in advocating it. The standard of medical education must be elevated upon different principles than those of mere compulsory attendance upon courses of lectures extending through a given term of years. Our schools will act wiser and advance the cause of education more effectually by providing every facility for instruction, and rigidly enforcing careful and painstaking teaching conjoined with rigid examination and requirement at the end of the course. A system which handicaps one man of capacity and energy, and takes no notice of the idler or drone who conforms outwardly to its requirements will not, in our opinion, advance the standard of medical education.

MISCELLANY.

A Corner in Opium.—A syndicate in Philadelphia now holds six hundred cases of opium, of two hundred pounds each, valued at a million and a half dollars. As a result, opium which a few months ago sold for two dollars and a half a pound is now worth six dollars. The weekly consumption in the United States is about ten thousand pounds, and as but a small quantity is in the hands of legitimate trade, the price will, in all probability, advance much higher before the next crop will be in the market, some six months hence. Doctors who take margins on wheat might profitable turn attention to the opium market.

Alcoholism.—The following mixture is in use in the Albany Hospital for the treatment of the effects of acute alcoholism, to relieve nervous excitement and insomnia:

℞. Tr. opii. deod.
Ext. hyoscyam. . fld., - *aa.* ℥i.
Chloral hydrat, - - -
Pot. bromidi, - - - *aa.* ℥i.
Tr. capsici, - - - - ℥ss.
Tr. aconiti rad, - - Mv.
Aq. menthæ pip., - - *ad.* ℥iv.

M. Sig. – Two tablespoonfuls and repeat in four hours if sleep is not produced.—*Canada Lancet.*

The Treatment of Gonorrhœa.—Mr. W. Watson Cheyne, Assistant Surgeon to King's College Hospital, has carried out a series of experiments in the treatment of gonorrhœa which are worthy of being extensively known. It has been demonstrated by Neisser that organisms are present in great abundance in gonorrhœal pus, and Mr. Cheyne has verified the observations by inoculating cucumber infusions with some of the discharge. Acting upon the known effects of certain antiseptic materials, he decided to adopt iodoform and oil of eucalyptus. In order to bring them into certain contact with the suppurating surface, he had bougies made of these materials and cacao butter. The formula is five grains of iodoform, ten minims of oil of eucalyptus, and thirty-five grains of cacao butter. The bougie is introduced into the urethra, and a strap and pad over and around the orifice retains the bougie there until it is dissolved. After this an injection of boracic lotion (saturated aqueous solution of boracic acid) or an emulsion of eucalyptus oil (one ounce of euca-

lyptus oil, one ounce of gum acacia, water to forty or twenty ounces) to be used for two or three days. At the end of that time injections of sulphate of zinc, two grains to the ounce, may be begun. For a day or two the purulent discharge continues, but afterward it steadily diminishes in amount, becoming in four or five days mucous, and ceasing altogether in a week or ten days.—*British Medical Journal.*

TREATMENT OF RINGWOM.—By Malcolm Morris, F. K. C. S., Edin., Joint Lecturer on Dermatology, St. Mary's Hospital, Medical School. *Lancet*, Feb. 12th. The disease is an eczema produced by a local cause, which cause it must be our business to remove. In doing this, however, we must not aggravate the eczema, but on the contrary endeavor to cure it at the same time. The essence of the disease is the destruction or the removal of the fungus, for until that is done the disease cannot get well If the disease be seated on a non-hairy part of the scalp (whether it be acute or chronic) it is quickly cured by well rubbing into the patch of epidermis (in whose layers the fungus grows) one of the remedies as paraticides.

But when a hairy part as the scalp is affected, except in some recent cases, it is an exceedingly difficult thing to cure a ringworm. Epilation, except when a limited number of hairs are affected, and in an early acute case, is useless, Carbolic acid is the best of the parasiticides, but when used of sufficient strength to be effective it is a severe local irritant, besides involving the risk of constitutional poisoning. Many old standing cases of ringworm are the result of overtreatment. What we want is an agent that will destroy the fungus *without producing any inflammation.* Thymol meets this indication, being more efficient than carbolic acid, and at the same time involving no risk of constitutional poisoning.

Chloroform is rapidly absorbed by the skin, the larger proportion being in all probability taken up by the hair follicles and sebaceous glands. Hence, it is indispenable as a vehicle, carrying the anticeptic to the part of the hair follicle where the fungus grows, which is far beyond the reach of ordinary remedies. The following is the author's formula.

℞

Thymol, ℥ss.
Chloroform, ℥ij.
Olive Oil, ℥vj. m.

The oil is added to arrest the evaporation of the chloroform and to prevent it from acting as an irritant. This strength is suitable except in very young children with tender skin, or where the disease has assumed the pustular form. The author states that the disease (whether acute or chronic) is more quickly cured by this remedy than by any other method he has seen or tried, and it has the additional advantage of not destroying the hair sacs, and consequently does not leave the unsightly bald patch, which undoubtedly result from the heroic treatment.

TWENTY-SECOND OF FEBRUARY AT JOHNS HOPKINS UNIVERSITY. — The Fifth Anniversary of the Johns Hopkins University was celebrated at the University building, North Howard street, February 22d. The morning exercises consisted in the conferring of degrees, and an address by President D. C. Gilman. From 8 P. M. to 11 P. M. a reception and banquet was given by the Trustees to the students and their friends, at which some six hundred ladies and gentlemen were present. The University buildings were brilliantly lighted and decorated with flowers, and an opportunity was given to all present to examine the different laboratories, the library and other objects of interest.

It is difficult to realize that within the short space of five years the unpretentious buildings of the Hopkins have developed into a university

which takes rank side by side with the oldest schools in the world. The work which is being carried on at the Hopkins is chiefly of an original character, and has thus early established a reputation for the university second perhaps to no other school in this country.

Lister's Catgut Ligatures.—Mr. Lister says (Inaugural Address before Clinical Society of London, delivered January 28th, 1881) that the catgut ligature has, in some respects, exceeded his original hopes. He uses a single reef knot, with short-cut ends, tying it sufficiently tight to cause the giving way of the internal and middle coats. He attributes his success with it to the fact that he always employs a thoroughly good article of catgut, and always adopts strict antiseptic means of treatment. He cautions against what he calls the over-preparation of the catgut (*i. e.* using too strong an immersing liquid), and recommends the following method of preparation: Dissolve one part of chromic acid in 4000 parts of distilled water, and add to the solution 200 parts of pure carbolic acid, or absolute phenol. So soon as the ingredients are mixed, catgut about equal in weight to the carbolic acid, is added and steeped in it for 48 hours; it is then dried, and when dry, is placed in one-to-five carbolic oil, when it is fit for use. Minute as is the proportion of chromic acid, it exerts, when in conjunction with carbolic acid, a most powerful effect upon the gut.—*Lancet, February 5th.*

Delirium in Acute Rheumatism after Salicylate of Soda.—Several cases are reported in the last number of the *British Medical Journal*, as having occurred in University College Hospital and Middlesex Hospital, under the care of Drs. S. Ringer, W. Fox, Bastian and Douglas Powell. Bastian remarked, in regard to his case, that the delirium, which bore a close resemblance to delirium tremens, that it might have been due to the toxæmic effect of the remedy added to a predisposition to delirium tremens in the patient. He quoted Sée as holding that the chief action of the salicylates is on the nervous system. It must be remembered, however, that delirium (cerebral rheumatism) occurs in this disease quite independently of drugs, and has symptoms closely resembling those in the cases now reported. In half the cases no distinct evidence of active cardiac disease was obtained. In only one case was there well-marked albuminuria; in one other a trace of albumin only. Murchison reported in 1877 a case of typhoid fever treated by salicylates, in which delirium with the characters above described came on. Statistics show 11 cases of delirium in 159 cases of rheumatism treated by salicylates. All the cases quickly recovered on stopping the drug.

Fracture of Femur by Muscular Effort.—*E. Vallin* witnessed a fracture of the thigh, which occured in a young prostitute about seventeen, just as she was in the act of getting upon an examination table, and was supporting her whole weight upon the limb. The point of fracture was somewhat below the middle of the bone. The patient was otherwise healthy, was well developed, and without any evidence of specific disease; she belonged, however, to a family in which the females were nearly without exception addicted to prostitution, and hence there may have been a hereditary syphilitic diathesis to explain the osseous fragility. Recovery, however, followed in the usual period of two months, and with inconsiderable shortening. *Gaz. Hebdom.* 1880, No. 37.

Tumor of Optic Thalamus.—*Sieveking* reports the case of a boy of fourteen, who, seven months before, having been well up to that time, was affected with a shaking of the right hand whenever he stretched it out.

This lasted seven days and then ceased. Two months before admission, first the right hand, and then also the leg became paresic. Three weeks before death the following symtoms appeared: weakness and anæsthesia of the right extremities, impaired vision of the right eye with dilated and fixed pupil, buzzing in the right ear, violent headache and vomiting (double choked disk, most marked on the right side). The right of the left eye was unaffected.

TONGA.—Tonga is a new remedy, introduced from the Fijee Islands, and consists of a mixture of bark, leaves and fibres, which, according to Holmes, are probably derived from Raphisdophora vitiensis. The remedy is recommended against neuralgia, and is said to contain a volatile alkaloid, Tongina. A brown liquid extract of the drug has been made in London. (*Handelsbericht* von Gehe & Co., September.—*American Journal of Pharmacy*.

PITTING OF SMALL POX.—Dr. Schwimmer advises a mask to be formed of very pliable linen cloth, leaving apertures for the eyes, nose, and mouth. The inside of this is to be smeared with one of the following liniments: 1. Carbolic acid, four to ten, olive oil, forty, and prepared chalk, sixty parts. 2. Carbolic acid, five, olive oil and pure starch, of each forty parts. 3. Tymol, two, linseed oil, forty, and chalk in powder, sixty parts. The mask should be renewed every twelve hours. Compresses impregnated with one of these mixtures may also be placed on the hands, and on any part of the face with which the mask does not come into exact contact.—*Gaz. des Hopitaux*.

ALUMNI ASSOCIATION—SCHOOL OF MEDICINE, UNIVERSITY OF MARYLAND.—The Annual Meeting of the Association will be held at the Rennert House, No. 45 West Fayette street, on commencement day, Thursday, March 3d, 1881, at 8:30 P. M. Tickets of admission to the Supper $1.00 each, which may be procured by application to Dr. Eugene F. Cordell, at the Library of the Medical and Chirurgical Faculty, No. 122 W. Fayette Street, between 12 and 3 o'clock.

BULLETIN OF MEDICAL SOCIETIES.—*Baltimore Medical Association* meets on Monday, February 28th, at 8 P. M.; Dr. E. B. Price, on "Contagious Diseases." March 14th, Dr. W. B. Sellman, on "Hypodermic Injection of Morphia."

Medical and Surgical Society meets Wednesday, March 2d, at 8:30 P. M. Subject for discussion, "Medical Synonyms."

Clinical Society of Maryland meets Friday, March 4th, at P. M. Dr. S. Chew, on "Fatal Jaundice." March 18th, Dr. A. F. Erich, on "Chronic Pelvic Abscess."

Academy of Medicine meets Tuesdays, March 1st and 15th, at 8:30 P. M.

MEDICAL ITEMS.

Small pox is on the increase in Jersey City in a way to alarm the authorities. For the week ending Feb. 5th, 47 deaths occurred in Philadelphia, 9 in New York, 13 in Chicago and 5 in San Francisco.=Bodies are cremated in Japan at a cost of from seventy-five cents to three dollars, an economical way of disposing of the dead.=Gray's "Anatomy," Tanner's "Practice of Medicine," Hartshorne's "Essentials of Medicine," and a few other medical books have been translated into the Japanese language.=Pilocarpin is strongly recommended in diphtheria on the ground of its physiological action giving rise to moist rales, might lessen the diphtheritic membrane through the induced abundant salivary secretion.=Prof. S. D. Gross has recently delivered an address before the Philadelphia Academy of Surgery upon the life, labors

and disciples of John Hunter, which will be published in book form by Presley Blakiston.=Dr. W. E. Cook, a prominent physician of Mobile, Ala., died recently in that city.=The Clinical Society of Maryland has now a membership of 118, and increasing at each meeting. =The International Medical Congress will meet in London next year.=From statistics collected by the Dermatological Society, it appears that there are between fifty and a hundred cases of leprosy in the United States at present.=Forty years ago there was not a case of leprosy in the Sandwich Islands; now one-tenth of the inhabitants are lepers.=A lieutenant of the Tenth Regiment being in danger of death from diphtheria, Mr. Henry Grier, the army surgeon, performed tracheotomy, and then applied his own mouth to the tube to restore respiration. The patient unfortunately, died, but the surgeon sustained no ill consequences. For this act the Albert Medal was conferred upon Mr. Grier.=The New York *Medical Record* urges the passage of a law abolishing the office of coroner, and transferring its duties to a medical expert on the ground of the utter uselessness of a coroner's investigation.= Prof. Julius Vogel, well known for his work on the "Chemistry of Urine," is dead at the age of 67 years.=Dr. Wm. Lander Lindsay, author of Mind in the Lower Animals in Health and Disease, died in Edinburg recently, aged 50 years.=Dr. Wm. H. Mays has resigned his position as editor of the San Francisco *Western Lancet*.= Dr. A. Jacobi believes that the excessive use of chlorates of potassium or sodium is partly to blame for the increase of nephritis. = A training school for nurses has been established in Brooklyn in connection with the Brooklyn City Hospital.=Mr Lister has been elected president of the London Clinical Society. His introductory address was on the Catgut Ligature.=During the year 1880 there were 152 deaths from suicide in New York City, of whom 121 were males and 31 females; 74 married, 34 single, 12, widowed. The means of self-destruction were: shooting, 39; drowning, 14; hanging, 28; cutting, 20; leaps from heights, 9; gas, 2; poison, 40.=The Congress of Laryngology will meet in Paris in September 1882. =A bill to authorize the formation of cremation societies has been introduced in the Legislature of New York. =Benson gave this sage advice to his friends: "In house accommodation live above your means, in clothing up to your means, and in food below your means."=Treatment of Barber's Itch.—Brame recommends the following treatment: Shave off the hairs, or cut them very short; then apply, once or twice a week, an ointment composed of:—℞ Prepared chalk, 10 parts; Coal tar, 1 to 4 parts; Glycerine, 5 parts; Simple cerate, 50 parts. =The present annual productions of quinine is as follows: America, 63,000 lbs.; Germany, 56,250 lbs.; Italy, 45,000 lbs.; France, 40,000 lbs.; England, 27,000 lbs.; India, 12,500.= Byron, throughout his life had a profound repugnance to being bled. When he was on his death-bed his physicians proposed phlebotomy, but Byron refused to allow it, combating the quackeries of his medical advisers with logic of common sense and experience, But at last, worn out by the persistent importunities of the doctors, he extended his arm and angrily exclaimed: "There, you —— butchers, since you will have it, take as much blood as you like, and have done with it." Repeated bleeding hastened his death.=A correspondent of a daily paper makes the following pithy comment on the drainage and water supply of some parts of the country: "My experience of country places points to the blunt truth of a remark I once heard. 'A man buys a plot of land, builds a house, and digs two holes; out of the one he drinks and into the other he casts all manner of dirt and refuse.'"

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ORIGINAL COMMUNICATIONS.

CLINICAL LECTURES.

*PHTHISIS—A CLINICAL LECTURE AT BELLEVUE HOSPITAL.

BY WILLIAM H. THOMSON, M. D.,

Professor of Materia Medica and Therapeutics in the University of the City of New York.

(*Reported for Maryland Medical Journal*).

NO. I.

Gentlemen: — During the spring course I intend to direct your attention mainly to one subject, viz.: A clinical examination of the more common diseases. By that I mean we shall take the patients as they may come before us, and try to find out the totality of the symptoms, and the relation of those symptoms to the disease in question. That is one of the best exercises for students, just as regional anatomy is the final test of your knowledge of anatomy in general.

When I was in Scotland as a student of medicine they had a very trying way of testing our knowledge of anatomy. They would put a subject on the table, run a knife through it, and ask us what parts had been penetrated. Now, that was a peremptory kind of question, but it was one practical way of putting to the test our knowledge of anatomy, aside from what we had merely committed to memory. No part of the human body thus punctured is made up entirely of muscles, nerves, or of other particular tissue, but of many kinds of tissue. When a man is stripped before you, you do not find him constituted altogether of nerve, of muscle or of bone, etc.; but of the several combined. Now, when called upon to name the muscles of the human body, you may be able to rattle them off to your professor of anatomy without making a single mistake, and so with the nerves, arteries, and so on, but if he ask you what nerve is to be found in a particular place by the side of a given muscle, you may be completely posed. You have not learned anatomy in that way. You have learned it separately, piece by piece. And that method pertains too much to the study of disease. The symptoms are divided into different classes, and many are in the habit of studying one particular class of those symptoms to the exclusion of others, and beginners particularly are prone, say for instance

*This is the first of three lectures on Phthisis, by Prof. Thomson, which will appear in this Journal during the Spring and Summer months. —(EDITOR).

in the study of chest diseases, to pass over all other symptoms and seek at once the symptoms revealed by a physical exploration of the chest, supposing that is all that is necessary to stock their minds with in order to diagnose and treat a case of thoracic disease. Now, that is a very grave mistake. When you get into practice you will wish you had learned every possible means of diagnosing these diseases, not alone the means afforded by a physical exploration.

For instance, about a week ago a young gentleman came into my office and told me that he was spitting blood. While he was talking with me he raised a considerable quantity of blood. I prescribed for the hæmoptysis and sent him home, telling him to call the next day. He came the next day, still raising blood. I told him not be alarmed at that, but to come again after three or four days. So he came again this morning. Now, he had raised altogether quite a large amount of blood. There is no question about it but that he had typical hæmoptysis, the first he had ever had in his life. I made a very careful examination of his chest, and I will venture to say that there are very few auscultators in this city who, had they not known of his spitting blood and had taken the patient's word for it that he had never had a cough, would have diagnosed his trouble from the physical signs which they could find. I was sure, however, that there was trouble there, and had he not raised blood in my presence, and had he not told me of it, I should have supposed he had phthisical trouble, but not from the physical exploration of his chest. I had other reasons to suspect that he had phthisis. After a very careful examination of the chest, however, I found one spot which I thought was the origin of the hæmoptysis, but I believe I would have passed it over, and that any one would have passed it over, were it not known that he had raised blood. That man had the beginning of phthisis, and the signs, of which I shall soon speak, are exceedingly significant when without them one has only physical exploration to depend upon. In saying this I do not wish in any sense to detract from the importance of a physical exploration of the chest. There are a great many people who have a limited development of the mind, so that if they get one idea and you happen to talk about another, they think at once that their favorite idea is neglected. Now, it is as absurd to say that physical exploration is not important in the symptomatology of disease as to ask whether the right or the left leg is the better for walking, and hear one person claim that the right and another that the left leg is the better, and each one attempt to prove his position by showing how one would limp without the one or the other leg. Now, to be sure, if you should cut off the right leg the left one would have a very limping time of it, but the opposite is true also; cut off the left leg and the right one would have a very limping time of it. Some who make a special study of physical exploration of the chest suppose that those who speak of other symptoms of disease in that situation do not regard their favorite method of much importance. Physical exploration is of just as much importance in determining whether there be thoracic difficulty as is the left leg in the act of walking, but at the same time there is another leg besides, and the two should mutually aid.

Now, in the case of that young man, so far as organic changes which produce physical signs are concerned, they are very slight, so slight indeed that if there were no other signs of disease they would be entirely overlooked, but when taken in connection with other symptoms they leave no question but what he has commencing phthisis. Hence the totality of symptoms is to be taken into consideration, and we will now consider the symptoms of phthisis.

The very first thing that you should do when you suspect a person has phthisis is to make inspection, observe his appearance, and linger over that as long as there is any necessity for it before you inquire into his history. This latter ought to precede the physical exploration. Therefore, my plan in examining a person with supposed thoracic affection is this: First, make inspection; second, get the history; then, no matter what may come, only have physical exploration come last. Get all the information you can from other sources to help you in the physical exploration, because the physical exploration will often depend, for its interpretation, upon something else. Let me make that plain. Any given signs obtained by physical exploration do not tell what the disease is in the least, nor even how your patient is sick. All they tell you is that certain physical conditions produce such and such signs. Now you have to interpret those facts by something else. A given sound, for instance a whistle, is heard when you apply your ear to the chest. Now, that whistle may be exactly the same in a number of different diseases, being produced in the same place and in the same way. The sound is termed sibilant, technically. Now, in one disease that sound has a very serious indication; in another it has no significance at all. Now, what is the reason? It is because the sound is not the disease; it is a sign and nothing more, and its significance depends upon what accompanies it. A sibilant rale heard constantly in inspiration or in expiration over a limited area under one clavicle is of very serious import. But the same kind of sound heard here and there and everywhere all over the lung, although to a beginner it may seem a great deal more serious, means absolutely nothing, except that the patient has a bad cold. Perhaps he has been out too late at night, and has taken a cold which has caused this sign, but it will have disappeared by to-morrow or the day after. Hence a sound may be exactly the same in entirely different diseases, and has no significance except when taken in connection with other symptoms.

It is precisely so in cardiac troubles. A given sound heard with a certain action of the heart may be of very serious import; but if it be heard with a different action of the heart it may have very little significance indeed. I have heard cardiac sounds of the loudest kind in persons of good health, and who appeared to have no trouble at all. On the other hand, I have seen some patients with cardiac disease in a very critical condition, and yet the abnormal sounds were almost nothing in loudness compared with the other case. A sound for instance may be produced by roughness of the aortic valve, but so long as the heart is increased in strength sufficiently to compensate for the obstruction, the man may by living a temperate life reach even seventy or eighty years, and not know that he has any heart trouble at all. On the other hand, when the heart begins to fail to empty itself, when the obstruction ceases to be compensated for by increased strength in the heart's action, the case becomes a very serious one, and the murmur begins to have a significance to your patient.

Hence, the totality of symptoms is to be taken into consideration, and as symptoms that are found by physical exploration, by percussion, auscultation, &c., vary in meaning according to what they are accompanied by, you ought first to learn their accompaniments. Now this may seem a very trifling matter, but most of you will, I doubt not, just after leaving our institutions to go out to enter upon the practice of medicine, tell a patient who may come to you with a cough, to take off his shirt that you may make an examination of the chest at once; whereas, instead of that, you ought to look at him, watch him, and

collect all the information you can by observing him carefully as to what is the probable state of his health, and particularly as to whether his health is deranged in the special way of which you have a suspicion from what he has told you, and you can collect perhaps a number of symptoms, every one of which will be a help to you when you commence to examine the chest. After having observed him carefully you will take his history, and after having derived all the information you can in that way, you will proceed to make physical exploration. You will probably find in your examination little to help you out, but you will examine a great deal more confidently than you would have done had you begun with a physical examination of the chest.

For instance, take this patient, one, I suppose, thought to have phthisis. The first thing I would note is the aspect of the patient. I have not spoken a word to him yet. First, observe his complexion. Is he anæmic or not? If he is anæmic, what kind of anæmia has he? for each one of the different forms of impoverishment of the blood caused by different diseases has its own way of manifesting itself in the countenance. An anæmia that is caused by renal disease is characterized by whiteness of the skin of every part of the body alike; so that the face, the ears, the eyes, the hands, the arms, and the whole surface of the body presents a uniform chalky whiteness of the skin. But that is not all characteristic of the anæmia of phthisis. The anæmia of phthisis, at most, excepting the last stages, presents this difference from anæmia arising from other diseases, namely, that there are certain parts of the body which show redness, as the mucous membranes. There is one other kind of anæmia of which this is true, but it is particularly true of the anæmia of phthisis. The skin of the face usually, particularly toward the latter stages of the disease, shows a redness most marked on the malar processes, shading off on the cheeks. But the thing most characteristic about the anæmia of phthisis pertains to the conjunctiva. The conjunctiva in the anæmia of Bright's disease is dull (not injected); it is white, but dull. There is nothing characteristic about it only that you see it is not suffused. In phthisis, on the other hand, it is characterized by a polished, glossy appearance, from the fact that phthisis early removes, apparently, every particle of the fatty tissues about the eyes, and causes an exceedingly transparent conjunctiva. Mind you, it is not the pupil that has the clear, polished, glossy look, but the conjunctiva. In another kind of anæmia which is frequently present, anæmia from hepatic disease, the patient is pale, and the mucous membranes are pale, in this latter respect, the opposite of what is true in phthisis; and the conjunctiva will be more or less yellow, and sometimes even a yellow spot raised, like a blister, will be seen on the conjunctiva. In that respect the anæmic appearance of the conjunctiva in hepatic disease differs from that of Bright's disease or of phthisis.

Then, there is the anæmia of chlorosis. Now that is characterized by a greater whiteness of the mucous membranes than is any other kind of anæmia. The mucous membranes are so white in many instances that the lips look as if they were a part of the face, having almost the same color. The conjunctiva is also white, but it is not so glossy as it is in phthisis.

To return to this patient, we see, on looking at his face, that he is pale, he is anæmic, he has a clear eye, and there is a redness about the malar processes.

This second patient I am sure does not illustrate phthisis, at least not very well, but there are other reasons why I do not think he illustrates phthisis besides an absence of the signs already mentioned. They sent up two cases of pleurisy. I at once guessed that

this man was not a case of phthisis, and here is another patient who I suppose has pleurisy, for he does not present in the face a single feature of phthisis; not one. Instead of that, he gives us the features of an entirely different disease. I will tell you how we can exclude phthisis in his case pretty soon, but we must proceed somewhat systematically. This next patient is necessarily one of the cases of phthisis.

To show you how important it is to take into consideration the totality of symptoms, I would mention a case which I was called to see by a young physician, the patient being one of his first. He was very anxious about her. He said she had a large cavity in the right lung. I went to see her, and almost the first thing I said to the doctor, before examining the patient, was that there was no cavity there. He looked at me in surprise, as I had not yet touched the patient for vocal fremitus or auscultation. I said that a naturalist can reconstruct an animal from a tooth; that he can tell you whether the tooth belonged to a carnivorous animal; if so, what was the shape of the stomach; and from that, the shape of the abdomen; from the abdomen, the shape of the legs—and so on until the whole animal is reconstructed from analogy, having a tooth to start with: "Now, where on earth did you or anybody else ever see a patient with a large cavity in the lung who had such plump breasts as this woman has? It is a case of pneumonia. There is no doubt about it." A woman with such an amount of adipose just there I have never seen with a large cavity in the lung. There may be at first a quantity of adipose tissue upon the body, but it will become absorbed, particularly from parts where it is not especially needed. And so we find a peculiar way of falling away on the part of a patient with phthisis. Phthisis alters the shape of the countenance by taking away the fat of certain parts of the face in a special way, differing from other forms of emaciation—emaciation, for instance, caused by anxiety or diabetes. And sure enough it was a case of pneumonia which gave rise to sounds just likely to be mistaken for cavernous breathing. Within about a week she got well of that. Now, phthisis on a large scale, giving such a sound, would have been preceded by hectic fever that would have lasted for sometime, and during that hectic fever that very full bosom would have wasted away. The one cannot go with the other any more than you can find a carnivorous tooth in the head of a horse. They do not belong together.

Now in this patient we have the typical emaciation of the disease. The first thing that you notice is a retraction about the cheeks and a sharpening of the cartilaginous parts of the face. The ears, for instance, get very thin, the nose becomes sharper from the retraction of the skin over the cartilages, but the cheek, instead of falling in as it does in other forms of emaciation, seems to be drawn back in this, as if there were regular tension across the cheek. I have no question that this patient has had phthisis for sometime just from that aspect of the countenance, as well as from the color of the skin and the quite clear eye.

The next point is, the way in which the neck is extended. A phthisical patient, a year, or two, three or four years before he commences to cough, commences to do something that is very characteristic in the way he carries his neck. You will notice in this patient the elongation of the neck, and that the neck is at an acute angle with the collar bone. The patient with pleurisy, you will observe, does not present that appearance, and this would be particularly true of a patient with bronchitis. Bronchitis shortens the neck, and makes it perpendicular.

In phthisis the anterior portion of the neck becomes very long on account of the sinking of the clavicle

downward. In the bronchitic patient, on the other hand, the neck is short, and not only short, but the clavicle, instead of forming this acute angle with the neck, would be raised in this way, so that the neck would come down, as it were, perpendicularly to the clavicle. The more the patient has bronchitis the shorter the neck becomes, and the clavicles rise; and finally, if it is a very old case of bronchitis, an old-fashioned consumption, as they call it, you will find the neck almost obliterated by the elevation of the shoulders and clavicles, and the head thrown back. Phthisis, on the other hand, gives you the characteristic appearance of the neck before mentioned, and the chin is carried in advance of the chest, instead of being, as in bronchitis, on a line with the clavicle, it is way beyond it, so that a line dropped from the chin would fall some inches in advance of the chest. The patient before-mentioned, who called at my office this morning, had that characteristic appearance, and that of itself, even in the absence of cough so far as the patient was aware, would be sufficient to establish the diagnosis of phthisis. The elongation of the neck is caused by a collapse of the upper part of the chest. Phthisis commences at the apex, but it is preceded a long time by a want of use of the apex of the lung. That want of use is what precedes the development of phthisis in a great majority of typical cases, and so when a man comes to me with the very first signs of phthisis, the most significant thing to me is, that upon listening to the apex of the lung I hear almost nothing. It is not that I hear something, but that I do not hear anything comparatively. It is diminished respiration; weak breathing. Down below, at this point, you can hear the air come in and go out pretty well, but up here there is suppressed or diminished respiration, which is very often much more significant than any crackling or other adventitious sound. The patients do not use the upper portion of the lung, which then commences to sink and collapse, and sooner or later the changes which are characteristic of phthisis show themselves.

Now, inflate that lung and it will breathe twice as well afterwards, and may escape that danger.

Now, by sending the patient to a mountainous country, where he will have to climb, you oblige that portion of the lung to take part in the respiration. Hence it is a very uncommon thing for phthisis to occur in mountainous districts. Mountainous countries are usually exempt from phthisis. They have pneumonia, and they are apt to have pleurisy and bronchitis, but phthisis is uncommon in mountainous countries, among those inhabitants who live much out of doors. They are broad and deep chested.

Now, have we any artificial means of inflating the lungs and giving these patients the advantages which pertain to a mountainous country? I think we have in the Turkish pipe, which is used all over Turkey, and particularly in Syria, Egypt, and Asia Minor. They smoke their tobacco by having it pass through water and a long flexible tube which varies in length from six to twelve feet. They have to exhaust quite a large quantity of air from the tube in order to get the smoke into the mouth. A very full inspiration has to be taken in doing that, and the result is that the whole chest is filled with air. It is a very pleasant way of smoking, and I have no question at all but what it would cure many cases of incipient phthisis. It would not be safe to do it after pleurisy has set in along with the phthisis, but before that I have no doubt that expanding the lungs in this way would tend to develop them and cure incipient phthisis. The amount of inspiratory power that some of these Arabs acquire from the use of these pipes is as surprising as the power of some dancers to dance, or the ability of

some blacksmiths to perform feats of strength with the right arm. I knew an Arab who would take a pipe with a very long tube, and which, therefore, required to be exhausted of a long column of air, exhaust it at a single puff, it requiring fully a minute if not a minute and a-half to let the smoke out of his mouth. His head would be completly developed with smoke as it came out of his mouth.

A certain Scotchman's family all died of phthisis, his father and other members of the family, and he was the only one left. He himself had a phthisical aspect. He went to Mount Lebanon on that account, and lived there for a number of years. He is still living, being about eighty years of age. He told me that when he went back to Scotland, he called upon a certain professor —— who is well known as one of our first writers on chest diseases, and presented himself for examination previous to having his life insured. The professor asked him how old he was, etc., and then aked him if any of his family were dead? "Yes." "How many?" He said he was the only one living. "What did they die of?" "Consumption." "Well! you have never been troubled?" "Yes" "What was it?" "Spit blood, and had a cough." "Can you take a long breath?" He said he squared himself as if he were going to exhaust an Arab's pipe, and took a tremenduous breath. The professor looked at him! He told him that he would no more have supposed that he could fill his lungs in that way, than he would have supposed he could lift himself up by his boots. "Can you do it again?" "Yes." And he did it again without any trouble. He had been puffing at one of those pipes for twenty years, and could take a much longer breath than he possibly could under any ordinary circumstances.

Now, I have no doubt that in many cases of contracted chest something of that kind would do good, but I am altogether opposed to so-called gymnastic exercises. I believe there is only one of the gymnastic exercises that is beneficial for expanding the chest, that is the parallel bar. But that is too dangerous, for if adhesions have already formed, as they have in the majority of instances, there is danger of breaking up those adhesions and producing hæmoptysis. But on the other hand, the use of the arms does not expand the chest directly, but rather indirectly, and may not do it at all, for when we use the arms, we necessarily fix the chest to give a fixed fulcrum to the arm in its work, and hence using the arms in that way does not have the effect of expanding the upper part of the chest. The motions required in expanding the chest on the parallel bar are severe; they are not nearly so gentle and true in causing full breathing as going out in the open air and inflating the lungs, or inflating the lungs by the use of the pipe as before mentioned.

One other point to which I wish to call your attention now, viz.: In cases of bronchitis or phthisis where dyspnœa has existed for some length of time the muscles of respiration are developed in aiding the breathing; those muscles which lift the chest. Hence, in both bronchitis and phthisis you see the muscles in the front of the neck, attached to the sternum, developed and standing out under the skin. What is a forced act in the natural neck is an habitual state of the muscles in these patients But there is this vast difference between these muscles in phthisis and bronchitis, viz.: In phthisis they are all small; they are little things; they are thin and weak. That is their chief characteristic, that they are thin, and stand out as they do in bronchitis is, but they are atrophied. They are ribbon like, or whipcord like, while, on the other hand, in bronchitis they are all very large, so large in fact that this of itself is a pathognomonic sign of chronic bronchitis—great heavy muscles in the neck, both behind and in front,

They are three, four, or five times the size of the same muscles in a case of phthisis.

We will continue this subject at our next lecture.

SOME REMARKS ON GROWTHS IN THE LARYNX.

BY H. CLINTON MCSHERRY, M. D.,
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(*Read before the Clinical Society*).

As the use of the laryngoscope has now become very general, owing to the fact of its being taught as a part of the regular course of the most prominent medical schools, the discovery of neoplasms in the larynx is far from a rare occurrence, therefore it is evident that the origin, ordinary course and treatment of them ought to be well known, and anything that would throw light on or diffuse knowledge of these subjects should be interesting. For this purpose I intend to say a few words about growths in the larynx, which will be based on some illustrative cases occurring in my practice.

First as regards the origin of laryngeal growths. Hyperæmia is very properly considered to be the great predisposing cause, and without hyperæmia and the hyper-nutrition it produces no growth will occur in the larynx.

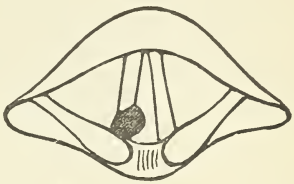
Dr. B., one of my patients, illustrates the presence of a persistent hyperæmia previous to the appearance of a neoplasm. Dr. B. was first seen by me, as a patient, about a year ago, when he complained of sore throat and hoarseness, his voice being noticeably changed from its usual tone. On examination I found his larynx considerably inflamed, but after a tolerably short treatment the inflammation subsided and his normal voice returned. He, however, came under treatment again about four months later, complaining as before, and on examination, the whole larynx was seen more or less congested, but with more injection of the right than the left vocal cord, I made use of astringent topical applications for some days, with the effect of an improvement of the general condition of his larynx and of his voice, but the right vocal cord remained somewhat hyperæmic. He then left the city for the summer, and I did not see him again for about five months, when he came to my office, saying that he still had some throat trouble, and that the huskiness of his voice had returned. On using the laryngoscope I at once found a small white sessile excrescence about two mm. in diameter, or about the size of a large pin head, on the free edge of the anterior third of the right vocal cord. When I told

Dr. B.'s case.—View of larynx during inspiration.

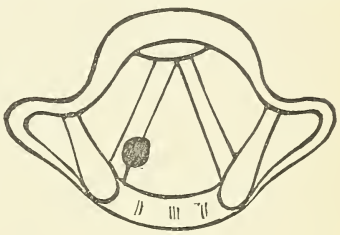
him of it, he said it was strange that it should be so, for he had had his throat examined some weeks before by an eminent laryngoscopist who had not mentioned its presence. The fact of this gentleman not having spoken of the growth may be accounted for, either by a desire not to give the alarm which is sometimes produced by this knowledge, or it may be that it made its appearance in the interval of several weeks that elapsed between the time that he was seen by this physician and his third visit to me.

In regard to the course of laryngeal growths, the symptoms will become more marked, the dysphonia more aggravated, or aphonia and sometimes dysphagia produced, with the increase in size of the neoplasm. Ordinarily their growth is slow, and it may be stated as a general rule that it is more rapid in those that are malignant than

when they are benign in character. The varieties of new formations in the larynx are as numerous as tumors occurring in other portions of the body; about two-thirds, however, of all of them are considered to be of a papillomatous or warty nature. They differ widely in color, according to their variety, and the amount of distress they occasion will depend not only on the size but on the site they occupy, those occurring on the vocal cords or projecting into the chink of the glottis naturally produce more trouble than when they appear on the ventricular bands or the lateral boundaries of the larynx. Under certain circumstances the general disturbance of the system may be entirely disproportioned to the size and character of the growth, as in the very instructive case of L. C., a young man twenty years of age, who applied to me for advice as to his condition, December 23d, 1877. He stated that he had had for some time previously slight hoarseness and a cough which at times was spasmodic, and after the cough, on several occasions, spitting of blood amounting to a tablespoonful or more in quantity. His general appearance was anæmic, and he said he had lost flesh. He was very despondent about his condition, as he considered himself a consumptive, having indeed been told so by a physician, who no doubt allowed himself to be misled by the subjective symptoms. I will admit that I was somewhat surprised myself when, on making a physical exploration, I could discover no pulmonary disease or heart trouble. I then made use of the laryngoscope, an additional means of diagnosis, without which no examination for the detection of suspected lung trouble is complete, and found on his right vocal cord just anterior to the arytenoid cartilage a pedunculated growth about one c. m. in diameter, or the size of a split pea, and of a grayish white color. During phonation the polyp rested, or rather bounced up and down, on the vocal cord as it was thrown into vibration, and on an inspiration being taken it fell into the chink of the glottis. This

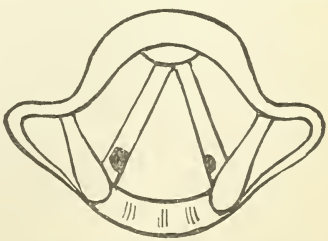


L. C.'s case.—View of larynx during phonation,



During inspiration.

made the diagnosis comparatively clear; I say comparatively clear because there might have been some other causes in addition to the discovered one to produce these symptoms, which were unusual for a growth of this size, and indeed hæmorrhage from any papilloma is rare. I think, however, the situation and form of this growth well explain the bleeding, for I have said it was on the vocal cord and pedunculated, now probably during some of the spasmodic paroxysms of coughing to which this gentleman was subject, the mass of the growth may have become caught between the cords, the pedicle slightly torn, and a small nutrient vessel ruptured. But there may be, and very



Mrs. D.'s case.—View of larynx during inspiration.

often are, growths in the larynx in persons suffering from phthisis pulmonalis, as in the case of Mrs. D., who, as the diagram shows, had a small excressence in front of the arytenoid on either side. She had the same subjective symptoms as L. C., but the small sessile laryngeal neoplasms were not the principal cause of them; they were due to the condition of her lungs, which showed, on examination, a cavity on one side and softening on the other.

New formations which have become so large as to interfere with respiration by filling up the larynx, are fortunately of rare occurrence, and are most apt to be malignant, though those of a benign nature may occasionally attain such dimensions. Whenever there is a growth in the larynx there will be present, as alarm signals, hoarseness or dyspnœa, and frequently cough. These symptoms are a positive indication for an examination of the larynx.

The treatment of laryngeal growths consists either in non-interference or extirpation. The first mode is exceedingly important, and when the neoplasm is small and occasions but little inconvenience, should always be adopted.

In Dr. B.'s case I thought interference would do but little good and so advised him, but as he was anxious about his condition and wished something done, I made applications of argent. nit. gr. lx.—℥i. on alternate days to the growth, and on the other days I applied argent. nit. gr. xv.—℥i. to the mucous membrane of the whole larynx. This was kept up for about ten days, then I made the stronger application about twice a week for several weeks, but with the exception of relieving the general congestions of the larynx, it did little good. In fact the hoarseness continued, and the growth increased to about six mm. or three pin's heads in size. Then, as my experience is that caustic applications, whether of nitrate of silver, chromic acid or London paste, do not have much good effect, and that the irritation produced by making the local application rather favors the development of the new formation, I persuaded the doctor to desist from active measures, as the only inconvenience he had was the huskiness of his voice, and told him it was pos sible the growth might remain stationary for a long time, or even dis appear spontaneously, but if it did not, and continued to become larger, I would then remove it. He has followed my advice, and as the size of the growth has visibly diminished and his voice has become much clearer after the lapse of three months without treatment, I hope that the spontaneous disappearance of it may be the fortunate issue.

In L. C.'s case it was evident that the polyp was responsible for his unpleasant symptoms, and as it had attained a size sufficient to produce great discomfort and render its removal both proper and necessary, I extirpated it with Mackenzie's tube forceps. Here, besides the general systemic disturbance, we had other troubles, present and prospective, that called for the operative procedure, viz.: Spasm of the glottis, hæmorrhage, the liability, with its increase in size, of seriously impeding respiration, and the possibility of being torn off while in the chink of the glottis and drop into the trachea. Owing to the crushing and torsion of the growth by the forceps at the time of the removal, there was hardly any bleeding, and here it will be well to mention that if a neoplasm is small, this crushing or mashing up with the forceps will be all the treatment necessary, for by this means the nutrition will be destroyed, and it may be allowed to slough off. After the removal of the polyp in L. C.'s case, I made applications of astringent pigments, daily for about a week, to the remains of the pedicle, when, as the larynx had as-

sumed a normal appearance, further treatment was stopped. This patient I saw several weeks ago, three years having elapsed since the operation, and he is now in robust health. He said that after the operation his health began to improve immediately: and from that time until when he was speaking with me, he had had no return of the hoarseness, cough or hæmoptyses, from which statements it is fair to conclude that the symptoms he presented were due to the laryngeal polyp only, and its extirpation was necessary for the relief of the symptoms and the restoration of his health.

In Mrs. D.'s case, on the other hand, mechanical interference would obviously have been inappropriate, as her condition was principally due to phthisis pulmonalis and not to the small sessile growths in the larynx, which latter only got the benefit of the treatment adopted for the laryngeal phthisis that she had in connection with the disease of her lungs

If any tumor in the larynx has become so large as to close or endanger the closing of the glottis, temporary relief may be given by tracheotomy, after which the growth can be removed piecemeal per vias naturales or externally by thyrotomy, or if it be malignant and extending, extirpation of the larynx may be resorted to as the only possible means of affording relief.

Such cases as the latter are fortunately rarely met with. I have seen such a condition but once; this was a man fifty-four years of age whom I examined a number of times in Vienna, and on whom I afterwards saw Billroth operate by removing the whole larynx, in November, 1874. (This operation is incorrectly reported by others to have occurred in November, 1875). The result in this instance was not good, as the man died the second day after the operation, it is said, from croupous pneumonia.

Since extirpation of the larynx was first practiced by Billroth, in 1873, we have records of the operation being done some twenty times, and while temporary relief or amelioration of the condition has been obtained in many cases, there is only one, that of Bottini, of Turin, where the result can be considered entirely successful. This man was perfectly well three years after the operation was performed, and was working as a field hand, and sometimes as a postman.

As this procedure is only adopted as a last hope, the results so far may be considered very satisfactory, for by it, in a number of instances, life has been prolonged, and in one case, at least, cure was complete. Nor is the existence of the person, after the operation, so miserable as might be supposed, for not only is respiration carried on with no great discomfort, but by means of an artificial larynx a voice is produced, which, though monotonous, is perfectly intelligible.

In bringing this paper to a close, I will say that, although hastily written, it is well considered, and I hope the summary I have given of the origin, course and treatment of laryngeal growths will aid somewhat in making better known a very important branch of laryngology, and should it prove of service to any one in the diagnosis or management of such cases as I have mentioned, or lead to a further investigation of the subject, it will have attained its object. The conclusions I would wish to have deduced from it, are—

1st. That neoplasms in the larynx are not of very rare occurrence, and that the initial condition towards their formation is laryngeal catarrh.

2d. That they can only be positively diagnosticated by means of the laryngoscope.

3d. If a growth is found in the larynx it does not necessarily follow that it must be removed, for besides the difficulty, if it be small, the removal of the primary new formation

will very frequently favor the more rapid development of the secondary neoplasm; and

4th. If a laryngeal tumor, either by its size or situation, produces dangerous symptoms, the only proper and effective treatment will be extirpation.

REPORTS OF CASES.

LUNG DISEASE IN THE OX; SUCCESSFULLY TREATED WITH THE HIERACIUM VENOSUM.

REPORTED BY W. STUMP FORWOOD, M. D., OF DARLINGTON, MD.
Secretary of the Medical Society of Harford Co.

All physicians who have the true interest of their profession at heart, most willingly and gladly receive and accept knowledge and truth from all sources whatever; and, through careful observation, often acquire much valuable information from various forms of disease presented in the lower animals.

During discussion upon the subject of *Phthisis*, at a recent meeting of the *Medical Society of Harford County*, Dr. H. Clay Whiteford related a case of lung disease in the ox, which was quite as remarkable in the peculiar medical treatment, and consequent recovery, as was the singular charac ter of the disease.

The case occurred years ago, before the Doctor had studied medicine; and he was therefore unable to give the exact pathological condition of the animal, but stated the leading points of the case as they appeared to the unscientific persons who had the ox in charge at the time.

The ox was one of a pair that belonged to the Doctor's father during the former's boyhood. The oxen were kept in constant use, with heavy hauling. The driver, who had the daily management of the animals, had observed for some time that one of them appeared to be sick—had a bad cough, and was losing flesh; but while he was still able to work he did not mention the fact the owner, who himself rarely saw the oxen, for the reason that they were out at work very early in the morning, and returned late at night. They were employed during that season away from home. It was only after the ox became so reduced by disease as to be incapacitated for work that the owner's attention was drawn to his condition. He was surprised to find him so ill, and so reduced in flesh, and immediately ordered that he be "turned out."

When the ox was finally released from his heavy, daily labor, his condition was truly pitiable. He suffered with a deep, hollow, and almost incessant cough, similar to that of the human phthisical patient; and, with almost every cough, large quantities of dark, thick mucous, offensive alike to sight and smell, would *gush* from nostrils and from *mouth*. This discharge was so profuse at times as to threaten suffocation to the animal. He also constantly suffered, as might be inferred, from the most distressing dyspnœa; and, owing either to this cause, or to a want of appetite—probably both—he was scarcely able or willing to take any food whatever. He was a large-framed ox, but now appeared reduced to skin and bone. From the appearances presented, Mr. Whiteford, the owner, did not imagine that it was possible for the animal to recover, or even survive longer than a few days. While reflecting as to whether it would not be more humane on his part to relieve the poor animal's sufferings by hastening his death, one of Mr. Whiteford's neighbors suggested to him the use of a remedy that he regarded as of great value in such cases, viz.: a tea, or infusion made from the root of the *rattle snake weed*—the *hieracium venosum*. Without feeling the slightest confidence in the value of *any kind of treatment*, he yet permitted this simple domestic herb to be tried; particularly as the

medicine could be obtained most readily, and without price, the weed flourishing in the greatest abundance in the immediate vicinity. Mr. Whiteford had the infusion made in accordance with the general directions given him, without any special regard to the proportions or strength; and by withholding water and other fluids, the animal was induced to drink of it *ad libitum*, two or three gallons daily.

Within a week or two after the commencement of this treatment, the ox, to the great surprise of the owner, began to show unmistakable signs of improvement: his cough became less frequent, and evidently less painful; the quantity of mucous discharged gradually decreased, and the distressing dyspnœa rapidly subsided. Within three or four months after the institution of this treatment by the *rattle-weed*, or *rattle-snake weed*, and no other remedy whatever, the ox became fully restored to health. Dr. Whiteford stated, in reply to a query, that he was not informed of any similar case in which the *rattle-weed* had been used, and was unable to explain its virtues or therapeutical action. Neither were any of the members present familiar with the use or medicinal properties of this well known herb; and our chief object in publishing the report of this remarkable case is to bring forth the experiences on the part of the medical profession in their use of the *hieracium venosum* upon the human subject. After the ox had fully recovered his health, to all appearances, the owner, fearing that, if put to work again, he might relapse, therefore resolved to fatten him for beef. Contrary to expectation, the animal fattened readily, thus showing conclusively that his health was fully restored. When finally butchered, it was discovered that one of his lungs had almost entirely disappeared—the atrophied remnant appearing as a hard gristle, about the size of a man's two fists. The other lung, and all other parts of the body, so far as inexperienced persons could judge, was in a perfectly good condition.

Dr. Forwood inquired of Dr. Whiteford if the ribs on the diseased side of the ox were *shrunken in*. The Doctor replied that they were; and that he had forgotten to mention this conspicuous deformity, which was remarked by all who saw the animal. The diseased side of the ox was so contracted as to make it appear almost perpendicular from the backbone downward.

Dr. Forwood rejoined that it was quite a common remark for ignorant physicians to make—or those, more culpable, who presumed on the ignorance of others—that "such a patient's lung had long been diseased, and was now *entirely gone;*" although the said patient was at the same time able to attend to his usual business, and did not show any deformity of the chest whatever. Dr. Forwood remarked, in continuation, that the entire loss of a lung in the human subject was an event of extreme rarity; and when it did occur, it was invariably characterized by the marked deformity referred to by Dr. Whiteford in the case of the ox—the contraction being an effort on the part of Nature to fill the vacuum.

There are two interesting points in the case here related: Firstly, what was the nature of the malady, and how contracted? points that we have no light upon; and secondly, in what way did the *rattle-weed* act as a restorative?

It is hoped that some of the readers of the JOURNAL can and will afford information on these points of interest. It is evident, from the history, that the ox was not suffering with *phthisis*, for that is a constitutional disease that does not result in such a resolution. The probability is that the animal had an attack of *pneumonia;* though we were informed that his illness occurred in the summer, when such diseases are rare; but the most interesting

question connected with the case is: how did such remarkable results follow the use of the *rattle-weed?* And why is it not more frequently employed in the lung diseases that afflict mankind?

February 21, 1881.

SOCIETY REPORTS.

BALTIMORE MEDICAL ASSOCIATION.

MEETING HELD DECEMBER 13TH, 1880

JOHN F. MONMONIER, M. D., President, in the Chair.

The Association was called to order at 8.30 P. M., with a large attendance of members.

The customary preliminaries being dispatched, *Dr. Gibbons* reported the negative result of the local use of lactic acid in diphtheria. In two cases, in which he had applied it with a brush to the membrane, it had no appreciable effect.

PATHOLOGY AND TREATMENT OF DIPHTHERIA.—*Dr. Erich* had had good opportunities of investigating diphtheria, both in general practice and in his own household, and that of near relatives. He regarded diphtheria and croup as non-identical. In the latter case the disease is strictly local; in the former it may spread and involve other and remote parts. The membrane is not the essential local lesion in diphtheria, but the micrococci, the membrane being only the result of the irritation caused by the presence of these. He accepted Oertel's views, which, although severely criticised in Germany by able and disinterested pathologists, were finally accepted. Holding these views, such remedies as will destroy the parasites, upon which the disease essentially depends, are naturally suggested. If antiseptic treatment be faithfully carried out the mortality will be greatly reduced. Under treatment with chlorate of potassium, he had seen great mortality. About four years ago he began using a combination of iron and quinine in a very dilute solution, frequently administered; since that time he had not lost a single case in which the treatment had been carried out from the beginning of the disease. The formula which he employs is as follows:

℞. Tr. ferri, ʒj.
Quiniæ sulph., gr. viii.
Syrupi Simp., ʒiv.

Of this he gives one teaspoonful every half to one hour, day and night, employing no local treatment whatever, although formerly making use of very strong solutions of nitrate of silver. Generally, under this prescription, the diphtheritic deposit in the throat begins to disappear in twenty-four hours. He had never seen any such results in his practice before. The iron alone does not answer, nor does a strong solution of the two remedies recommended. He attributes the result to the frequency of the administration, and in a measure, at least, to the diluted form in which the remedies were employed, their greater palatability causing them to be readily swallowed by children.

Dr. Uhler protested against the views just expressed. We have had a fair use of antiseptics in diphtheria, and with no better results than under the use of chlorate of potassium, &c. As for lactic acid and other agents intended to cause solution of the membrane, he did not believe that anything would accomplish this effectually in the living subject He could not accept the theory that Listerism acts by killing the bacteria alone, since dead matter cannot be less hurtful to the tissues than living. By killing the organisms you would perhaps, by coagulation, increase the quantity of the membrane. As you find a thread passed through a solution of sugar covered with the crystals of sugar, so the bacteria (which must resemble the thread) may be supposed in like manner to collect particles with which they come in contact, and thus increase the size of the membrane. Carbolic acid and the astringents cause coagulation of tissue, and it may be that the effect of antiseptics is due more to this chemico-vital action than to destruction of the living organisms. The only apparent advantage of the use of such agents in diphtheria is the disinfection—the getting rid of odor, which frequently is horrible. The following case, he thought, would negative the views expressed by Dr. Erich. A boy, aged 10, was brought to Balti-

more from the West, where he had resided in an exceedingly malarious section. His brother had died there of diphtheria, and he was affected on his arrival with the same disease. He was given quinine very freely, the full physiological effect being produced, and tinct. of iron was given both internally and locally. Nevertheless he exhibited a horrible fetor and died in nine or ten days. The speaker had employed chlorate of quinia (when patients could afford it) from the fact of its containing much oxygen, of which there is great want in some cases of diphtheria.

Dr. Tiffany said Oertel's article in Ziemsen's *Encyclopædia*, to which allusion had been made, did not impress him as the production of a judicial mind, but rather as indicating the enthusiast more eager to impress a favorite theory upon the reader than anxious to get at the truth. Under the highest powers of the microscope, there is no difference in the appearances of the diphtheritic and croupal membranes. Wood and Formad have recently reported experiments in which they succeeded in producing membranous tracheitis by means of local irritation, the membrane not being distinguishable from that in diphtheria. Even micrococci were found to be present. Furthermore, more than one case of diphtheria has been reported from inhaling the vapor of ammonia. The combination of iron and quinine is useful in all adynemic conditions.

Dr. Ellis had obtained satisfactory results from applying chlorat. of potass. and tinct. of iron locally, and internally administering hypo-sulphite of soda. Of seven cases recently under care, three being in one family, all recovered under this treatment.

Dr. C. H. Jones had employed the combination recommended by Dr. Erich with satisfactory results, though not as favorable as those obtained by Dr. E. He also used nutritious diet and whiskey, and had great faith in a gargle of hyposulphite of soda.

Dr. Gibbons met with many cases, in which slight patches occurred on the tonsils, for which he employed sulphurous acid and glycerine, with a little tinct. of aconite if there were fever. These cases were so mild that he hesitated to class them as diphtheria. He would infer from Dr. Erich's success, that many of his cases were of this nature. He had found a gargle of boracic acid (sat. solution) to produce an excellent effect upon the throat, with or without the membrane.

Dr. Erich said, in reply to the remarks of Dr. Tiffany that conclusions derived from the microscopic examination of the membranes in croup and diphtheria were not proper clinical evidence. The membrane in diphtheria was not the disease, but only a result of the irritation of the mucous membrane by micrococci, just as in Wood and Formad's experiments, it was the result of the action of ammonia or other irritants. So far as the membrane alone was concerned, he agreed that there was no difference, but diphtheria was something more than a mere membranous exudation, and it was this "something more" that had to be considered in the treatment. The results of the treatment he recommended were striking and not to be explained away. To have but two deaths in four years (in neither of which the treatment was efficiently carried out) was altogether contrary to his former experience, and he believed to general experience. He urged the members to test the method, feeling sure that a trial was all that was necessary to make them of the same mind as himself. His own convictions were so strong that he would feel as though he were guilty of manslaughter were he to omit it in any case of diphtheria.

FRACTURE OF SKULL FROM LEAP FROM A WINDOW WITH SUICIDAL INTENT.—*Dr. Reynolds* reported the case of a young girl, who, with the intention of ending her life, leaped from a fourth story window to the ground. When picked up she was conscious, and wept at the sight of her blood, but did not speak. Serum oozed from her ear. She grew very violent, so as to require restraint until within a short time of her death. Post mortem revealed a fracture extending on both sides from the supra-orbital arches through the molar, nasal and alveolar processes of the superior maxillary bones and the petrous portion of the temporal bones. A thin stratum of blood covered the brain, which otherwise was not involved. The specimen was exhibited.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

382D MEETING, JANUARY 12TH, 1881.

CANCER OF STOMACH.—*Dr. Brinton.*—I present this case for an opinion as to the nature of his disease, my own belief being that it is cancer of the stomach. Man, 57 years old, miller by trade, but for the last two years has worked on mill-stones. Two years ago last autumn had stomach trouble, as vomiting, flatulence, &c. This trouble has continued more or less until the present, and on account of it his weight has been reduced from 147 to 121 pounds. His symptoms are as follows: For two or three days he has pain of a burning character to the left of the ensiform cartilage; then vomiting of a dark grumous matter occurs, and he has relief for one or two days, when the process is repeated The bowels are open, without laxatives, about every 72 hours. The present attack has lasted for two weeks. The matter ejected is of a dark coffee-ground color, and although no microscopic examination has been made, I think it is blood partially digested. No tumor can be detected, but on account of the tense condition of the abdominal muscles the proper examination cannot be made, and he refuses to take chloroform. He has more pain after solid than liquid food, and cold water has to be avoided. There is no family history of cancer. His treatment has been dietetic, as lime water and milk, and the use of lactopeptine, gr. x., bismuth, gr. xx., four times a day. His vomiting attacks are now about twice a week

Dr. Opie.—I had a case very much like this Man had vomiting, rapid emaciation, pinched face, pallor, anæmia, &c., which condition continued for fifteen or sixteen months. In my opinion it was cancer of the pylorus, but, as another physician attended at the time of death, I do not know whether the diagnosis was confirmed by post mortem. I found that by keeping him upon liquid food and the use of acid carbolic, gr. i.; glycerinæ, ℥ ss , the vomiting was much controlled.

Dr. Cathell.—In one of my patients a very similar condition existed for nearly four years. I at first thought it chronic gastritis, but afterwards diagnosed cancer of the pylorus. He could only take fluid nourishment. On post mortem there was found a strictured condition of the pylorus and seven inches of the upper portion of the small intestine. The orifice was not larger than a crow quill.

Dr. Chambers.—In Dr. Brinton's case the length of time he has had this trouble is against the opinion that it is cancer. Two years and a-half is a long time for gastric cancer. This man is a drinking man, and the trouble, in the first instance, may have been gastritis. I think the treatment by nourishing enemata, as milk, blood, &c., thus resting the stomach, will give the best results. Morphia, hypodermically or on the tongue, will relieve the pain.

Dr. Leonard.—From the symptoms and appearance of this case I think there is dilatation of the stomach with some ulceration. I would use rectal alimentation and wash out the stomach with some saline solution

Dr. Opie.—A microscopical examination of the vomited matters may throw some light on the case.

ABSCESS OF LIVER.—*Dr. Scarff.*—A gentleman, æt 25, came here four weeks ago on his way South. He was supposed to have phthisis, and was sent to a warmer climate by his physician in the North. Upon examination his lungs were found to be normal, except some slight whistling over one of them, no cough, night sweats, some fever, anæmia, an icteroid hue of the skin, tenderness and some enlargement in the right lumbar region. A few nights ago he commenced coughing; there was a profuse discharge containing much pus. Diagnosis was abscess of the liver, the pus finding exit through the bronchi. A microscopical examination showed a number of hepatic cells in the pus. There is no history of injury in the case. The man belongs to a consumptive family.

At a subsequent meeting Dr. Scarff reported that the abscess pointed in the lumbar region and several ounces of pus, containing hepatic cells, were removed by the aspirator. The case was improving slowly, but the debility was still very great.

383D MEETING, JANUARY 19TH, 1881.

CANCER OF THE STOMACH.—*Dr. Brinton.*—I used the carbolic acid and

glycerine, as recommended by Dr. Opie, and the results are not good. Under bismuth and lactopeptine he vomited once in three days; under carbolic acid he vomits three times a day.

Dr. Chambers.—I do not think any anti-emetic will be of use. The stomach is like a bag, and if it be filled the contents will regurgitate so long as the lower orifice is closed and it cannot empty itself into the bowels.

Dr. Caldwell.—If the stomach is irritable it can be relieved to some extent. If the pylorus be entirely closed, injections should be used.

Dr. Brinton.—Some food is retained and passes through the bowels. I intend to use injections in his case, and would like advice from those who have experience in this mode of feeding.

Dr. Evans.—I have used milk; gave 4 ℥, and repeated frequently. The tube should be introduced as far as possible.

Dr. Caldwell.—Dr. Campbell, of Augusta, Ga., has published a very able paper on rectal alimentation, in which he contends that the action of the intestine may become reversed, and that food introduced into the rectum can be carried up to the small intestine by this action and thus be brought into contact with the intestinal juices and to a certain extent digested.

Dr. Erich.—Dr. Campbell read his paper before the American Gynecol. Association. I am not entirely convinced by his proofs.

Dr. Caldwell.—Reversed peristaltic action takes place in intestinal obstruction.

Dr. Erich.—Do not say that it is impossible. Life can be supported for some time by rectal alimentation. The point is not to give too much nor too frequently until tolerance is established.

Dr. Hamill.—I know of a case which lived seven months and three days on milk and beef tea.

Dr. Rennolds.—One of my cases lived several months on milk and beef tea. The milk was sometimes rejected, but pressure over the anus for a short time would overcome this action of the bowel and it would be retained.

Dr. Chambers.—In answer to Dr. Caldwell, it has been proved that there is not reversed peristaltic action, but there are too currents, and stercoraceous vomiting is not due to reversed but increased peristalsis and a churning up in the centre of the bowels.

Writers Cramp.—Dr. Liebman read a paper on this subject (see page 481 last number of this Journal).

Dr. Rohe.—It is a question whether it is a muscle or a nerve tire. My assistant in the signal service had this disease and was treated by massage, and entirely recovered. This seems to indicate that the seat of the disease is in the muscles, and if so, then the faradic current would be of great benefit.

Dr Chambers.—I think there must be something beyond muscle tire. If an individual has this disease in his right hand and writes with his left, it also will be affected. If it is dependent entirely on tire it should take years to induce it in the left hand. There is no loss of gross muscular power, but there is loss of co-ordination. It has been aptly called stuttering of the hand.

Dr Caldwell.—There is something plausible in the local view, but as the left side suffers as well as right, we must look for some other cause. Irritation, if continued, will produce inflammation, and there may be inflammation in this disease from the continued irritation of fatigue. Treatment should be commenced as soon as the tire makes its appearance. In some cases I have recommended the type-writer with good results.

Resignation. — Prof. Christopher Johnston, an accomplished and able surgeon, of this city, who has for some years past held the chair of Surgery in the University of Maryland, has recently resigned this position, and has been elected by the faculty Emeritus Professor of Surgery. Professor Johnston has been connected with the University during a period of seventeen years, first as professor of Anatomy and Physiology and then of Surgery, succeeding in this latter chair, the late Prof. N. R. Smith.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, MARCH 15, 1881.

EDITORIAL.

LIBRARY OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.—Every physician in this city who feels any interest in the growth of medical culture and in widening the influence of medical institutions must contemplate with pride the rapid development and improvement of the Library of the Medical and Chirurgical Faculty. Only a few months back this library was regarded as a dilapidated legacy of dusty and time-worn books, useless, antiquated and invaluable, a burdensome pile of rubbish which excited no pride and encouraged but little hope of ever rendering a useful service to any one. Even those who hoped for something better began to despair. Finally an earnest effort was made, an energetic and competent librarian was secured, and a transformation at once took place which now promises to rescue and redeem many volumes of very rare value to medical literature. To those of us who have watched the past history of this library, its present development and improvement is full of encouragement and hope. We now begin to see a condition of affairs in its present management which must soon place it upon a most useful and influential basis, and render it a center of pride and effort. An interest has been aroused in its behalf which we confidantly believe will increase day by day until the library is a credit and honor to the profession. We do not pretend to argue that this improvement is so radical as to excite over-pride in the result, but we think it is sufficiently encouraging to stimulate a strong and systematic effort in its behalf. Through the exertions of the library committee, and the active efforts of the librarian, quite a large number of volumes have been added, the library has been overhauled, cleansed and renovated, and many new journals have been secured. These additions include books and journals of value to all interested in the study of special subjects. We see in the present status of the library an intimation of its future value to the profession and a foreshadowing of the results which a great library will bring to pass. Up to this time the profession here has been forced to rely upon private libraries for works for reference. These libraries have been few and for the most part small. In the investigation of any subject requiring a large number of references the inconvenience of securing them was such that many have been deterred from writing articles indicating large research into the literature of a subject This scarcity of medical literature has placed the profession at a great disadvantage, and has greatly retarded literary and scientific study. It has been highly prejudicial to the progress of medical thought and to the development of a wide and large culture in a general way. The profession here has been too slow in recognizing the advantages a large library confers. It has not considered this means of education with sufficient care and has not liberally contributed to its development. Now that attention has been directed to the subject, we would urge a more careful consideration of the claims of this library upon the liberality of all who really wish to advance the interests of the profession. We would urge a liberal donation of money or contributions of books from every one. With some liberality this library will soon render a full return for the investment. In this respect let the profession here consider that Baltimore is far behind Boston, New York and Philadelphia. The libraries of Boston and New York are greatly stirred up and are rapidly growing in interest and value. One library in Boston, organized some four years ago, now numbers over ten thousand volumes. In the library of the College of Physicians, Philadelphia, there are nearly twenty-five thousand volumes, all

in excellent condition. What has been done elsewhere can be done here if the profession will go to work and take some pride in the undertaking. We earnestly commend the library of the State Faculty to the attention of the profession in Maryland.

BALTIMORE ACADEMY OF MEDICINE PRIZE.—We desire to call attention to the notice of a prize of one hundred dollars, to be found elsewhere in this number of the JOURNAL. This makes the second prize of one hundred dollars offered by the Baltimore Academy of Medicine for the encouragement of original investigation within the State. The first prize was awarded to a paper of decided merit, submitted by Dr. W. T. Councilman, on the subject, "A Contribution to the Study of Inflammation, as Illustrated by Induced Keratitis."

This paper gave evidence of much care and study. It was creditable alike to the Academy and to the author. We believe that this prize has had a most beneficial influence upon the profession, and indirectly has stimulated no small degree of ambition and pride among the younger members. It was one instrumentality in forwarding professional enthusiasm in medical work, so marked in our medical circles during the past two years.

The fact that a second prize is now offered by the Academy is a subject for congratulation, and we earnestly trust more than one member of the profession in the State will have the nerve, enthusiasm and energy to compete for it. We hope that such an opportunity will not be regarded with indifference, that the purposes had in view by the Academy may meet with a generous and hearty response upon the part of those members of the profession whose time and surroundings will admit of the study of the subject assigned. This subject is one of interest and importance. It admits of careful investigation and criticism. It opens up a wide field for practical experiment and close examination into medical literature. It is easily within the grasp of a number of men who have the will and ambition to write upon it. No hard conditions have been imposed by the Academy in the offer it makes. Ample time has been allowed, a practical, suggestive subject has been designated, and either of the three most generally spoken languages may be adopted at the will of the writer. What a sad commentary it will be upon the profession in Maryland if such an opportunity is not largely embraced! We do trust sufficient encouragement may be offered the Academy to continue from year to year this admirable feature so creditable to its membership and so capable of benefit to the profession.

REVIEWS & BOOK NOTICES.

Medical Diagnosis, with Special Reference to Practical Medicine. By J. M. DACOSTA, M. D., Professor of Practice of Medicine and of Clinical Medicine at the Jefferson Medical College, Philadelphia, etc., etc. Fifth Edition. J. B. Lippincott & Co., Philadelphia, 1881. Pp. 906. Price $6.00.

This book is well known, having now reached its fifth edition. In its present form it represents such new facts of importance as have been added to medical diagnosis in the last few years. Some chapters have been entirely rewritten, others condensed or extended, as circumstances required. The object of this work is to furnish a guide in the discrimination of disease, and to present, in a practical shape, that character of information which would lead to a speedy recognition of symptoms and a correct understanding of their nature and importance. To recognize morbid signs is a necessary requirement for an accurate diagnosis, but this knowledge cannot come from a mere study of the writings of others. Practical study and observation at the bedside alone can make a skilful and accurate interpreter of symptoms. However, knowledge obtained from reading is serviceable in directing one where to look and what to look for, and in pointing out the value of a symptom. Skill in diagnosis is a most fortunate gift. Some men are more accurate and more

ready in their interpretation of symptoms than others, and possess keen discriminating powers, but we have received with doubt the commonly accepted opinion that this faculty is one of mere intuition. Diagnosis is a science and an art. Perfection in its practice must come from a comprehensive study of general facts upon the one hand and from a careful application of means to arrive at a result upon the other. To excel in this respect, clear observation, close study and large experience are essential. Those who would arrive at accuracy in this branch of study can not follow a safer guide than Dr. DaCosta. His work is practical, systematic and intelligible throughout. It is handsomely illustrated with appropriate wood cuts, and altogether is a serviceable book for advanced students and young graduates of medicine.

How to Use the Forceps, with an Introductory Account of the Female Pelvis and of the Mechanism of Delivery. By HENRY G. LANDIS, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in Starling Medical College. E. B. Treat, Publisher, New York, 1880. Pp. 168. $1.50.

The information contained in this book will be found, for the most part, in other works upon obstetrics. The author, however, presents his subject matter in an original method, and adds suggestions of his own which are worthy of consideration. The book is practical, entertaining, and will be read with profit. It presents a thorough review of the subject, and is a more comprehensive study than will be found in any of the text books with which we are acquainted.

Notes of Hospital Practice, New York and Philadelphia Hospitals. 8 vo.; pp. 256; price in cloth $2.00; in full calf $2.50. SAMUEL M. MILLER, M D., 536 Spruce street, Philadelphia, Pa., editor and publisher. Mailed on receipt of price.

The busy physician will find this compact, neatly printed and neatly bound volume, a very practical and handy reference book. It is essentially a manual of therapeutics. The treatment of over four hundred diseases by the eminent medical authorities of New York and Philadelphia is condensed and epitomized in its pages. Its value is very much enhanced by the fact that the proof sheets have, in every instance, been revised by the professors whose treatment is set forth therein. The unprecedented sale of the book, 4,000 copies being sold in ten months, is a very strong argument in its favor. It will prove an indispensable companion to the hard-worked practitioner, whose time is too much occupied to allow of his reading all the current medical literature, but who must needs keep himself thoroughly informed of all the salient points of progress in therapeutics.

John Hunter and His Pupils. By S. D. GROSS, M. D., L.L. D., D. C. L., etc., Professor of Surgery in the Jefferson Medical College, Philadelphia. Presley Blakiston, Philadelphia, 1881. Pp. 123. Price $1.50.

This book owes its appearance to a request of the Philadelphia Academy of Surgery that its author, Professor Gross, would deliver its first anniversary address. The subject selected by Prof. Gross was the life, character and services of the founder of scientific surgery, or more properly speaking, "John Hunter and His Pupils." A more instructive theme could not have been chosen. None of the memoirs of Hunter which have been written are accessible to the American student, and but little of his life and character is known. Prof. Gross has presented an account of this great surgeon which will be read with interest and profit. He has introduced him to the profession in a character which will cause him to be admired and esteemed by every lover of medicine. Hunter was a great ornament to his profession,

and has reflected honor upon his age and country. Prof. Gross makes him the founder of scientific surgery, and refers to him as one "whose name is indelibly associated with progress not only in his own profession, but with that of histology, physiology and comparative anatomy." To this biography of Hunter is added sketches of several of his pupils scarcely less entertaining than that of their master. These pupils were especially conspicuous in extending his doctrines and the influence of his teaching. The volume is written in that chaste and pleasant style so characteristic of the author. This book will be read with double interest. It is a tribute from a great and good man to one whose life and services were valuable to his race.

MISCELLANY.

A Prize of $100.—At the meeting of the Baltimore Academy of Medicine, held May 18th, 1880, the following resolution was adopted:

Resolved, That a prize of $100 be offered for the best essay, written by a physician residing in the State of Maryland, upon the subject, "*The influence of antipyretic therapeutics in the reduction of morbid temperature, and the causes of such pathological conditions.*" Each essay to be accompanied by a sealed envelope, containing the name and address of the author, and bearing a motto on the outside, the same motto to be inscribed on the essay. The essay may be written in the English, French or German language. No award shall be made unless the Committee on Prize Essays shall determine that an essay of sufficient merit shall have been presented. Essays must be handed in to the Recording Secretary of the Academy on or before the first Tuesday of April, 1882.

B. B. Browne, M. D.,
Recording and Cor. Secretary,
307 Madison Avenue,
Baltimore.

College of Physicians and Surgeons—Commencement and Alumni Reunion.—The eighth annual commencement of the College of Physicians and Surgeons was held in the Academy of Music, March 1st, at 12 o'clock M., in the presence of a large and appreciative audience. The graduates, 144 in number, occupied seats on the stage. After the announcement of graduates by the dean of the faculty, Prof. Thos. Opie, the degrees were conferred by Prof John S Lynch, after which the prizes were awarded—the Cathell prize, a gold medal, by Prof. D. W. Cathell, to Dr. J. E. Jewell, of Tennessee, and the Brown Memorial prize, a silver medal, by Prof. John S. Lynch, to Dr. H. J. Laciar, of Pennsylvania. The college distinctions, which were awarded by Prof. A. B. Arnold, were won, in the order named, by Drs. J. E. Jewell, of Tennessee; H. J. Laciar, of Pennsylvania; B. F. Moore, Tennessee; H. P. Riggs, Alabama; J. S. Callen, Pennsylvania; D. B. Sprecher, Md. The valedictory address was delivered by Rev. Thos. Guard, of Mt. Vernon Church. The officers of the graduating class were Drs. E. A. Gibbs, Virginia, president; D. B. Sprecher, Maryland, vice-president; E. Geo. Keitt, South Carolina, secretary; B. F. Noland, Virginia, treasurer. The graded-course students were A. D. Hatch, Jr., Frank McDonald, Geo. Thomas and H. Williams.

The alumni association of the college had an anniversary dinner at night, at Barnum's Hotel, about two hundred and fifty doctors sitting down to a well-served table. Toasts were drank and responded to as follows: "Our Alma Mater," Dr. T. B. Evans; "The Graduating Class of 1881," Dr. Byron Clark, of Pennsylvania; "The Collateral Sciences," Prof. Howard; "The City Doctor," Prof. Arnold; "The Country Doctor," Dr. Gundry; "The College of Physicians and Surgeons," Dr. Owings, and "Medical

Progress," Dr. Cathell. A toast to the memory of the late Prof. Thomas R. Brown was drank standing and in silence.

Annual Commencement University of Maryland.—The Seventy-fourth Annual Commencement of this school was held in the Academy of Music in this city, on Thursday, March 3d, at 12 M. The occasion was celebrated in the usual manner. After prayer by Rev. A. M. Randolph, the mandamus was read by Prof. L. McL. Tiffany, Dean of the University. The degree of Doctor of Medicine was conferred upon seventy-three graduates by the Hon. S. Teackle Wallace, provost, in a few happy and well chosen remarks. The University prize, consisting of a gold medal, was conferred this year upon two graduates, Dr. Chas. W. Mitchell and Dr. L. E. Neale. These two gentlemen having received the same standard of proficiency, a medal was awarded to each. They were also awarded the "Miltenberger prize" for distinction in obstetrics. Dr. Charles O'Donovan received honorable mention. The "Cockey prize," consisting of a case of surgical instruments, was awarded to Dr. John S. Kuiser, for distinction in surgery. Dr. Barton Pitts received the "Chisolm prize," for distinction in eye and ear surgery. The annual address to the graduating class was delivered by Prof. J. Edwin Michael, in words well chosen and appropriate to the occasion.

Prof. Treund, of Breslau, the originator of the method, has extirpated the uterus for malignant disease fourteen times, with five recoveries.

A Progressive Journal. — Our esteemed contemporary, "The Independent Practitioner," Drs. Byrd and Wilkerson, editors, announces that, beginning with the April number, a new department of *Popular Science* will be added to the journal, thereby increasing its size and adding to its value. The annual subscription will be increased to $3.00. We congratulate the editors upon this proposed improvement. This journal has evidenced a progressive spirit from the beginning, and it fully merits the support and encouragement of both the medical and dental professions to which it is addressed. It is a publication which does credit to our city. We wish it abundant success in its efforts to advance scientific progress.

Hospital Appointments. — Dr. Frank West has been re-elected resident physician to the Maryland University Hospital for the ensuing year. Dr. Chas. W Mitchell has received the appointment as assistant resident physician to the same institution.

The Faculty of the College of Physicians and Surgeons have made the following appointments: Dr. Henry J. Lancier, of Pennsylvania, resident physician at the City Hospital; Dr. E. George Keitt, of South Carolina, assistant resident physician; Dr. L. L. Bitting, of Baltimore, resident physician at the Maternité; Dr. Guy D. Compton, of Georgia, assistant; Dr. Thomas L. Beckwith, of North Carolina, resident physician at the Women's Hospital.

Alumni Association of the School of Medicine, University of Maryland.—The annual meeting of this Association was held at Rennert's Hotel, on the evening of Commencement Day, March 3d. In order to make the occasion as far as possible a festive one, and to place no obstacle in the way of the freeest sociability and enjoyment, business matters were postponed until the next day. After the meeting was called to order, Prof. L. McL. Tiffany, Dean of the Faculty, introduced to the Association the seventy-three members of the graduating class, who had that morning received the diploma of the University. The annual banquet was

served at 10 P. M., and was participated in by two hundred of the alumni. The whole affair was quite informal, and there were no toasts except one proposed by Prof. McSherry, to the health of the late Professor of Surgery, Christopher Johnston. Prof. Johnston, in reply, reviewed the seventeen years of his connection with the school, first as Professor of Anatomy and Physiology, and then of Surgery, in which he succeeded Prof. N. R Smith, whom he alluded to as his "master in the mysteries of surgery." A feature of the evening was the excellent singing of the "Alumni Chorus," which had been training for the occasion, and quite took the meeting by surprise. It is proposed to perpetuate this organization, so as to enliven the recurring festivals with music of the very best order. After the banquet there was a very general participation in the singing of college songs, national airs, etc., which were sung with a right good will.

The business meeting was convened on the following day, March 4th, at noon, in the Chemical Hall of the University. Dr. George W. Miltentryer presided, with Dr. Eugene F. Cordell, Recording Secretary, and Dr. B. Bernard Browne, Corresponding Secretary. The Secretary's Report showed 213 names on the roll of the Association. Ten of the alumni had died during the year. A necrological committee, with Dr. S. C. Chew as chairman, was appointed for the ensuing year. The Secretary reported that the following portraits had come into the possession of the Association since the annual meeting: of Prof Nathan Smith, of Yale College (father of Prof. N. R Smith); of Prof. Samuel Baker, one of the earliest professors; of Prof. John B. Wells, who held the chair of anatomy 1830–31; of Prof. L. A. Dugas, the distinguished surgeon of Augusta, Georgia, an alumnus of the school. These, together with the diploma of Dr S. P. Smith, a graduate of the year 1817, had been suitably framed and placed along with a plaster bust of Prof. Baker, in the University, where they would doubtless prove attractions to the alumni who should hereafter revisit their alma mater. The report of the Treasurer, supplemented by that of other officers, showed that there were $108 in the treasury. The committee on the disposition of the $100 prize, offered by the Association for the best thesis presented by an alumnus, reported through their chairman, Dr. Alan P. Smith, that but one paper had been offered, and that this fell below the requirements exacted by the resolutions establishing the prize; consequently they recommended that no prize be awarded this year. The report was adopted. The subject of raising an endowment for the University was introduced and received favorably by the members present. The ensuing discussion elicited the singular fact that, although three-quarters of a century have elapsed since the foundation of the school, it has never received one cent of endowment during that entire long period. The following resolution was adopted: "That a committee of three be appointed by the Chair to urge upon the alumni and other friends of the school the importance of providing an endowment, and to secure such contributions and bequests, either towards a general endowment fund or to special chairs, as may be in their power, the committee to report at any meeting." Drs. H. P. C. Wilson, Jno. R. Uhler and Eugene F. Cordell, were appointed as the committee. The annual election of officers was then entered into, and resulted as follows: President, Dr. J R. Ward, of Govanstown; Vice-Presidents, Drs James A. Steuart, Jos. T. Smith and Judson Gilman; Recording Secretary, Dr. Eugene F. Cordell; Assistant Recording Secretary, Dr. Wm. Lee; Corresponding Secretary, Dr. B. Bernard Browne; Treasurer, Dr. Samuel C. Chew; Executive Committee, Drs. D.

I. McKew, I. E. Atkinson, E. F. Milholland, J. R. Uhler and Alan P. Smith. The Association then adjourned.

ERRATA.—In the March 1st number of this Journal, through mistake, the proof of Dr. Lee's paper was not corrected. Several bad errors occur, as follows: On page 486, line 28 first column and first word, read *both*, and fourth word read *parent*. Line next to last line, first column, third word, read *parents*. Page 487, first column, line 38, last word, read *monobromide* of *camphor*. The reader will supply several minor errors elsewhere.

MEDICAL ITEMS.

The celebrated Jeremy Belknap, founder of the Massachusetts Historical Society, once wrote a thesis on the question, "Did Adam have an umbilical cord?" This question is still open for discussion. Mr. Darwin contends that he had.=The class of the Jefferson Medical College, Philadelphia, for 1880–81, numbers 600 members.=The *Druggists' Circular* says, "The Zulus, in giving an enema, place the patient on his head and insert into his rectum the small end of a cow's horn. Into this two pints of water are poured."=Dr. David P. Smith bequeathed to the Yale Medical College all his professional library and instruments; also two-fifths of all his property, which is to be used in the endowment of the chair of Theory and Practice of Medicine in that institution.=It is said John Hunter was a wayward boy, impatient of restraint, fond of company and amusement, given to idleness and disobedience. As a boy he gave no evidence of promise.=Since 1679 over 2500 medical journals have been created. Death-rate undetermined.=Out of fifteen deaths which occurred in London from small-pox among children under five years of age, thirteen had not been vaccinated.=Madame Esmarch, the wife of Prof. Esmarch, at Kiel, is an aunt to the young Princess Victoria, of Schleswig-Holstein, shortly to be united to Prince Wilhelm, of Prussia, heir to the imperial throne of Germany.=Two children recently died in Chicago from muriate of morphia thoughtlessly given them for muriate of quinia Both physician and apothecary deny the mistake.=At the recent commencement of the Medical Department of the University of Nashville and Vanderbilt University one hundred and sixty-eight students received the degree of M. D.=Dr. J. Milner Fothergill was born in Morland, in the county of Westmorland, England, on April the 11th, 1841.=Trommer Extract of Malt is being largely used in Great Britain and Germany, as well as in the United States and Canada.=Two new medical schools, one regular and one eclectic, have recently been organized in St. Louis.=The anti-vivisection bill introduced into the New York Legislature by Mr. Bergh has received an adverse report from the Committee on Public Health, to which it was referred. Practically this finishes the bill for the present session.=$22,617.15 were collected in Hospital Saturday and Sunday in New York city.=The Rt. Hon. Lyon Playfair, of the British House of Commons, is the author of Playfair's Midwifery, a text book much esteemed by the profession.=A training school for nurses is being inaugurated in Chicago.=An attempt is being made to consolidate the three medical colleges of Cincinnati into one.=A jury in Topeka, Kansas, has rendered the following verdict: "That Augustus Williams came to his death from having called John Ferguson a liar."=There are eighteen Brazilian sailors in San Francisco hospitals suffering from "Beri-Beri."=Emmett makes the statement, and is supported by Thomas in his latest edition, that all cases of epithelioma have their origin in laceration of the cervix. If this be so prevention is not altogether beyond our reach.

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PUBLISHED ON 1st AND 15th OF EACH MONTH.

THOMAS A. ASHBY, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

CLINICAL LECTURES.

PHTHISIS—A CLINICAL LECTURE AT BELLEVUE HOSPITAL.

BY WILLIAM H. THOMSON, M. D.,
Professor of Materia Medica and Therapeutics in the University of the City of New York.

(*Reported for Maryland Medical Journal*).

NO. II.

Our last clinic related to the diagnosis of phthisis by signs other than those discoverable by physical exploration, and I may again state that it is worth your while to study thoroughly all other signs before proceeding with a physical exploration, putting this off until the last. After having exhausted every other means of making a diagnosis you will find your physical exploration will have a guide, and its indications will be much clearer. Now, the tendency in our day is to begin with physical exploration; to take that first in all diseases of the chest, and to rely upon that mainly, and I think that on that account more mistakes are made in diagnosis by physicians now than used to be made forty years ago when physical exploration was little resorted to. I have very little doubt that our ancestors when they first began practice had a more correct opinion of the nature of cases than most young medical men do now when they begin practice, and the reason is, that they had to rely upon a great many symptoms, while we try to rely upon a few which depend principally upon physical exploration. Physical exploration gives us a few symptoms, but it by no means gives us all, and we are running to extremes in relying upon it exclusively and with a result of many mortifying failures. Experience teaches you better as you go on, but experience is an expensive kind of creature; he demands pretty high wages, and it is better to do without him if you can.

Now, one of the first things that you notice in a patient, as stated in our last lecture, is what is shown by his face. First and foremost, the face will show whether the patient is anæmic; whether he is amaciated, or whether he is not. If the patient is anæmic, you are not satisfied with that knowledge; you want to go further, and ask the question, what kind of anæmia has he? Nearly every disease that produces anæmia produces a particular kind of anæmia, indicated in the countenance. The

anæmia of phthisis is not the same as the anæmia of Bright's disease, and the anæmia of bright's disease is not the same as the anæmia caused by cancer, and neither of these is like the anæmia which belongs to chlorosis, and anyone accustomed to tell a chlorotic countenance will tell you at once that, although it looks yellow, it is not like the anæmia which accompanies hepatic diseases, or fever and ague affecting the spleen and liver, and so on. All these things are to be considered.

The next fact which you will notice is the emaciation which is characteristic in phthsis, especially at its commencement. Extreme emaciation of course is the same in nearly every disease, but the beginning of falling away of flesh in phthisis is distinctive from that in any other wasting disease. Then we told you to notice the neck, the different appearance which it presents at once from what it presents in bronchitis; in bronchitis the neck is shortened, while in phthisis it is elongated; in bronchitis it is more perpendicular to the plane of the clavicle; in phthisis it is at an acute angle, and the chin, face and whole head seem to be carried away from the chest, so that a line dropped from the chin would fall quite forward of the body. That tendency to extend the neck forward as much as possible in phthisis, at an angle with the chest, is very characteristic indeed. In bronchitis, on the other hand, the head is thrown backward and the clavicles are raised, and, therefore, you have quite a different aspect. In fact it is the change in the chest which produces the effect upon the neck, namely, that the clavicles sink down with the sinking of the chest in phthisis; they are elevated with the expansion and over-expansion of the chest in bronchitis when it becomes chronic.

Another thing we told you to notice is the muscles of the neck, as they are very characteristic of thoracic trouble. Whenever you have a difficulty with the lungs which leads to dyspnœa, you have a development of the muscles of respiration which lift the chest upward, and hence after awhile they stand out under the skin so that you can note their outline very prominently indeed. Well, that characteristic pertains to them in both phthisis and bronchitis, but in other respects they differ. In phthisis they are small and thin, but they stand out; they seem like cords attached to the clavicle and hyoid bone, &c., still they are thin and atrophied, and small. In bronchitis, on the other hand, they grow very large and thick, and by elevating the clavicles they make a great depression on the inner side of the clavicles. They sometimes make a depression in chronic bronchitis that you could almost lay a hen's egg in. In phthisis it is the opposite; there is no depression, or the depression is comparatively slight. Now, along with that there will be a difference in the shoulders. The two shoulders differ in phthisis, the one being lower than the other in advanced cases; but that is not so very distinctive. But in chronic bronchitis there is a distinctive feature; the shoulders are elevated, and the patient apparently has more and more a stoop, but really he does not stoop. The appearance is due simply to an elevation of the shoulders and a shortening of the neck.

So much in the way of recapitulation. We will now take up the subject from where we left off at our former lecture. You ought to have noticed in these cases, by this time, what is characteristic of all cases of thoracic difficulty causing dyspnœa, viz., an evidence of dyspnœa in the respiratory portion of the face. There are three zones of expression in the face, one above the other, which are very readily described and observed: They are the cerebral zone, which is just above the eyes, the forehead, from the line of the nose upward. Whenever there is any mischief going on in the brain, no matter how marked

it be, or how slight it be, usually we have it expressed in the forehead and the muscles that corrogate the brow. We may have a headache, and if it be a true hyperæmic headache we almost always have a frown, and that is a sign of considerable importance in patients who cannot tell anything. A persistent frown in a child is very significant; it shows that there is mischief going on in the brain. A headache in adults may be accompanied by a frown or vertical lines, or by transverse lines. If accompanied by tranverse lines the headache will be fixed, and probably occipital. Frontal headache is more likely to be accompanied by vertical lines.

Next we have the respiratory zone, which is situated over the malar bones and in the nostrils. Certain signs are to be seen in this zone in either phthisis or pneumonia. In pneumonia you have a red patch right on the malar bone, and according to the severity of the pneumonia will that spot be simply a flush or a bright red color. Very frequently it corresponds to the affected side. That in phthisis you have the hectic spot is well known. In cardiac affections and in thoracic aneurism there is a red spot, not on the malar bones, but down on the cheeks, under the zygomatic processes.

If on looking at the nose you see the nostrils playing, you may know that there is some difficulty of breathing of a real kind, not of a nervous kind. You have many cases of disturbed respiration from a nervous disorder, as in hysteria, but the muscles of the nose in such cases do not work; the nostrils do not dilate. The muscles which dilate the nostrils in the human species are very small, but they have a terrible name, a name longer than the muscle itself, as the *levator labi superioris et alaquæ nasi*, but the reason why they are so small is that there is no necessity for calling them into action, except in emergencies, hence, their actions are always pathognomonic, or indicative of a pathognomonic condition, a sign of disease. Hence, when you see the nostrils dilated with inspiration and collapsed with expiration, or permanently dilated, there is some trouble going on in the respiratory tract, and it may be in the trachea or below the trachea, you will see the nostrils play in children when they have croup, and more still when they have capillary bronchitis, and so also when they have dyspnœa due to cardiac disease. In this case both nostrils will be affected, while in phthisis, pleurisy and pneumonia one nostril will be affected, and it will be the corresponding nostril, unless the dyspnœa is very great, in which case both nostrils will be called into play.

Now, there is another sign in connection with phthisis which is of value in a diagnostic point of view, namely, that the mouth is kept open longer than people ordinarily do, or is kept constantly open—not wide open, but slightly open, for in order to breathe through the mouth, it is only necessary to keep the lips slightly apart. The lips are not brought firmly together as they usually are. If a man comes to me complaining of some chest or heart trouble, and if while I am talking to him he keeps his mouth firmly closed. I feel sure that he has no chest trouble. If on the other hand he keeps his mouth slightly open while listening to me, it is a pretty good sign that there is a desire for more air on the part of the respiratory organs than what enters by the nostrils.

If your patient is in bed, and has his arms down, he has not phthisis, or it is not likely that he has. If you go around the wards of this hospital, you will find that the phthisical patients generally have their arms from under the cover, not hanging down, but folded somewhere about the chest. It is not on account of the heat, but they will have them out as a rule, and somewhere above, perhaps folded under the head. They have a dislike to have the arms hang down. There are

a number of reasons for that, but that is one of the features of the disease. If you find a person with his arms hanging down perfectly lax and parallel to the body it means very high fever, and therefore may occur in cases of pneumonia in very severe cases where there is a great deal of fever, and on looking at the eyes you will usually see that the patient is half dazed with the severity of the fever. Fever always relaxes the muscles, and hence the muscles that hold up the forearm relax instead of contracting. But the fever must be extreme in cases of phthisis to do that. Phthisical patients usually do not like to have their arms hanging down.

There is a great difference between decubitus in phthisis and in other thoracic affections of a serious kind. Bronchitis in all forms tends to make persons sit up; they do not like to lie down. Asthmatic patients, and patients with bronchitis sit up more in proportion to the severity of the disease. Orthopnœa therefore is not a sign of phthisis; that is, it is not characteristic of phthisis. It may occur in some cases where the disease is very far advanced and where it is complicated with bronchitis to some extent. In that case the patient will want to sit up. But you will see in this hospital, and everywhere where there are many phthisical patients, that the patients in the last stage of the disease lie upon one side, doubled up, or lie upon the back; that they very seldom sit up. They do not sit up until they have such large cavities that the entire lungs are more or less filled with bronchial secretion, and the difficulty of breathing characteristic of bronchitis has set in. I have been struck with the fact that no matter how far phthisis has gone the tendency of the patient is to lie on one side or the other, sometimes away down in the bed. That is not true of real cases of bronchitis. If a patient with phthisis have a tendency to sit up a great deal it is probably a case of fibrous phthisis, the result of a bronchitis, and that fact has a great deal to do with the treatment of the case.

If you ask a patient who has bronchitis whether he has pain he will expand his hand and pass it over the centre of his chest. If he has pleurisy, either alone or accompaning phthisis or pneumonia, he will point directly to its location. The gesture indicating the situation of the pain is entirely different from what it is in bronchitis. In bronchitis the pain is a diffuse soreness, because bronchitis very rarely affects only one side, but generally both sides; and moreover it being a mucous membrane that is inflamed it never gives a stabbing pain, no matter how severe the inflammation may be. The pain is a diffuse soreness, as is the case when any mucous membrane is affected. On the other hand, when a serous membrane is involved it produces a sharp pain, a stabbing pain; and the gesture of a patient in describing a pain is very significant.

This patient says he has had a cough for a year. On being asked whether he has any pain he points to a particular spot on the right side, and says he has had pain there. It was caused by a pleurisy. His right nostril is dilated, because it is the right lung that is affected. He has not extreme dyspnœa, but sufficient to cause dilation of the right nostril. The malar process are not red now, and his fever is now in a quiescent state. The signs of inflammation and fever are followed by remissions.

Here is another patient whose trouble we will try to make out merely by his aspect. He presents the characteristic neck of phthisis. You notice his lips are not brought together. If he were talking to you and were interrupted by a long question put to him, he would listen with his lips apart. Why? It is not because the nostrils are not free, but it is because he wants to get all the air he can. Again, every patient with phthisis,

and from the very commencement, breathes faster than usual. This you should observe without calling the attention of the patient to it. You can easily do so by observing the neck or the movements of the chest for a quarter or half a minute. Do that always; it is of much more importance than the pulse The pulse in phthisis is not of much importance; at any rate it is not of one quarter the importance that it is in Bright's disease. You can often diagnose the presence of Bright's disease by the pulse alone, but not so in phthisis. The pulse is very variable in phthisis. The respirations in this case, you observe, are much increased in frequency, a fact which pertains to phthisis, but never to Bright's disease except in certain instances. The respirations in phthisis commence to be too fast before any physical sign is present. Now, unfortunately, physical exploration gives us indications only of what has already happened, and perhaps tells us that the mischief is all done. You have to wait until something has happened in the way of real textural change before you can get any of its very valuable signs. Well, it is something like the beginning of the inscription on the gravestone. There is not one thing that is more serious (next to a persistent rise of temperature) as an indication of approaching phthisis than too great frequency of the respiration, and it is invariable. It matters not what stage of the disease the patient is in, the very earliest or the latest, that is an invariable sign.

Now there is a subordinate sign that is of importance, namely, a change in the fingers. It is present in these cases, but it is not characteristic in phthisis; it is characteristic of anything that causes dyspnœa, that interferes with the venous circulation—a clubbing of the fingers. There is here a peculiar atrophy of the nails, and they are rounded in a particular way. Now, that is not dependent upon phthisis. It is present in a good many cases of it, but it is not dependent upon that disease. It is the result of impeded venous circulation, and typical cases of it have been known in aneurism pressing upon the subclavian vein.

Here is a patient who has hepatic anæmia which we know from the fact that there is discoloration of the conjunctiva, and also from the fact that the anæmia involves the mucous membrane. In phthisis, as before said, the mucous membrane is reddened, excepting when there is no fever, and the conjunctiva is never injected; it is very clear and anæmic.

In another patient still, we have the peculiar neck of phthisis, the mouth open, the nostrils dilated, the cheek retracted in that peculiar way, and the respirations frequent, not easily observed just now, however, because the patient's attention has been drawn to it, and they are therefore hardly normal. The pulse in the anæmia of phthisis is different from what it is in almost any other kind of anæmia, in that it is excessively compressible. It is precisely the opposite of Bright's disease. There is no greater contrast than between the pulse of Bright's disease and that of phthisis. The pulse of Bright's disease is very incompressible. It is hard. Press upon it and you will find that it is not easily compressed, and it is, therefore, very likely to be mistaken by beginners for a strong pulse. I have known many a man not a beginner to mistake it for a strong pulse. It may or may not be rapid; usually it is slow in Bright's disease. The pulse of phthisis is commonly very rapid; it is small, as a rule, and it is very soft. You can obliterate it by the slightest possible touch, and it is what is called a very short pulse. That is, it is not only quick from fever, but it passes right from under your fingers. Now, the pulse of Bright's disease is the opposite in that it is not often quick; it is usually slow. It is, instead of being compres-

sible, very incompressible, and it is what we call a long pulse instead of a short one. It takes awhile to pass from under your finger. In the one case the pulse gives just a little bit of a tap, and it is over almost the instant you feel it; in the other it gives more prolonged sense of vibration under your finger. That is a very important element in the pulse, but it is one of the hardest things to learn to appreciate by practice. You have to practice and practice before you can make out the difference between a short pulse and a long one, but it is very important in the diagnosis of Bright's disease.

Now, so far you have not asked your patient any question. You have been learning all you could by observation. The first question that you put to any patient is, how long have you been sick? And you are to expect that, if he has phthisis, he will give you a wrong answer. He never gives you the right answer in phthisis, or almost never. He always dates his disease from too short a time back; usually it will be a couple of weeks before, or a month, or six weeks, that his cough commenced, when in reality it began two, three, four or five years, or an indefinite period before. That is a rule which I believe I have never seen varied from, that a phthisical patient does not know when his disease really began. He ascribes his complaint to a cold which he took a little while before, but what he really means is, perhaps, that at the time of taking a cold a week or so before he began to suffer distress, and it is only by persistent questioning that you will find out the real commencement of his complaint. There is one other disease in which it is very difficult to get the beginning, viz., Bright's disease. But if a man has had hæmoptysis he has some fact to remember then, and if you are pretty sure that his is a case of phthisis you can ask him whether he has ever raised blood. He begins with the story that he began coughing two or three weeks before: "Did you ever raise blood?" "Well, yes, two years ago last March," or some such answer as that. Of course he had disease then. I merely give this as an illustration that you should never take the first statement of a patient with a phthisical cough as the correct answer. Then you commence and say, "Yes, you had a severe cough two or three weeks ago, but didn't you have a cough before that?" He answers no. "Didn't you ever have a cough when you first got out of bed in the morning?" "Oh, yes! Always have had that! Cannot remember when I didn't!" But he will tell you that was not much; it was a mere hack, a clearing out of the throat, and usually he will tell you it was a cold that began in the nose, and had a way of dropping from the head into the throat, and caused him sometimes to be sick at the stomach. It is a very important fact when patients say that. They wanted to clear out the head and throat. This is the rule with nearly everybody who has phthisis: They always have at the beginning of the disease a little cough, first a clearing out of mucus in the morning that was brought up to the trachea through the night, and hence it feels to them as if it were truly in the throat, and that they simply clear that out in the morning, not supposing at all that they have a cough. Now, this is illustrated in hæmoptysis, where persons think that it does not come from their lungs, but from their nose, for anything very fluid may come up through the trachea without causing very much cough. Such patients are apt to think that the blood, instead of coming from the lungs, comes from the nose, the throat, the pharynx. But a morning clearing out of the kind just mentioned, with a short hack, is not a good symptom. After a time they cough more, but always more in the morning when they first get up, and that cough continues until they raise quite a large quantity of

whitish mucus; stringy, clear, whitish mucus. Now, any person doing that for a long time ought to have his lungs examined.

What is the cause of this little short, hacking cough? It is not an expectorant cough. It is not caused by the patient wanting to raise anything. It is the irritation of the pleura that causes the little hacking cough of phthisis. It is accompanied very commonly by a pain under the shoulders. The patient ascribes it to rheumatism. Hence unusually after my first question, whether the patient raises anything on rising in the morning, and he replies that he does, that he clears out his head, I ask whether he has any rheumatism about the shoulders. He will tell you that he had noticed some pain under the shoulder blade, or about the shoulder, or in front under the clavicle, but usually he will point to it with the finger there or back here. Now, that is the first indication of an adhesion. It is due to those small adhesions that come on early in phthisis between the costal and the visceral pleura, and which occasion that little hack. It is not because they have anything to raise that they cough, but because of these pleuritic adhesions.

You may look into the throat if you please, before examining the chest, and you will ordinarily find in a phthisical patient a streak of reddish discoloration about the pillars of the fauces. It is very common, and is most likely to be seen upon the affected side. That fact may be of some help when you come to make a physical exploration.

Cool Water for the Feet.—Plunging the warm feet into cool water, immediately on getting out of the bed in the morning, has frequently the effect of keeping them warm during the day.—*Dr. Rumbold's Hygiene of Catarrh.*

ORIGINAL PAPERS.

TARTAR EMETIC.

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Among all the well-established remedies of a comparatively recent period, none has fallen into more decided disrepute with practitioners of the present day than tartar emetic. This is the more remarkable, as this drug had the suffrage of the most eminent medical men and seemed to have stood the crucial test of bed-side experience. A strange history attaches to the introduction of this medicine into general practice, to which I only allude on account of the bitter partisanship that marked the controversy—being lauded by some as a panacea, and decried by others as a dangerous poison. At a later period, Fordyce highly recommended tartarized antimony in combination with nitre in the treatment of the acute fevers, which met with general favor by the profession. The great Leanec approved of its employment in diseases of the respiratory organs. After having been elevated to the rank of a standard remedy in pneumonia, it suddenly shared the fate of the lancet; and now these two therapeutical agents are perhaps the most unpopular ones in the whole armamentarium of the practitioner. Bartholo grudgingly admits the usefulness of tartar emetic in catarrhal affections of the air passages. Nothnagel and Rossbach, in their latest edition of the "Arzneikunde," are of the opinion that this drug is nearly valueless as a remedy in any form of disease. Not even its prompt and most reliable property as an evacuent of the stomach is any longer made available, and it thus seems to be practically expunged from the materia medica.

It cannot be said of tartar emetic, as of many other remedial substances,

that its reputation rested merely upon empirical grounds, for its physiological effects had been satisfactorily determined and thoroughly studied. Whoever prescribed it was quite aware beforehand what to expect from its action.

The reason of this almost unanimous disparagement of an old and favorite remedy is not difficult to surmise. The objection against the routine employment of a drug of such irritating and depressing effects as tartar emetic, in cases in which it may be more judiciously replaced by other and safer remedies, is undoubtedly well founded. But this stricture is not applicable to selection of antimony in the treatment of many diseases in which, according to experience of distinguished physicians, its beneficial effects were frequently witnessed. A medicine which stood in high repute with such men as Grissole and Trousau, Kennedy, Graves, West, Richter and Ackerman, must certainly have exhibited in their estimation no mean therapeutical powers. The general neglect of employing tartar emetic by the present generation of medical men must therefore have another cause, and this is probably found in the fact that, owing to a more rational view of the many morbid conditions for which it had been usually prescribed at a former period, its peculiar action is no longer considered desirable. Methods of treatment are now in vogue which accomplish all that can under the most favorable circumstances be expected from tartar emetic, which yield better results, and are followed by a more uniform rate of success.

I need hardly refer, in support of this assertion, to the recent acquisitions to our stock of remedial agents and appliances that excel in efficacy the reputed antipyretic and relaxing effects of tartar emetic. Still it must not be concealed that we cannot afford to cast aside any remedy of undoubted potency. As a rule there is no absolute identity in the physiological effects of even allied medical substances, and by inference it is evident that their therapeutical action must observe a similar difference. Tact and judgment are of course required in the selection of the remedy or combination of remedies in every special case; and it is just here that perhaps the old observers displayed their skill. But, apart from this, it is well to remember that in formidable affections which not unusually baffle our best efforts, it is not only necessary to search for new remedies; it is also advisable to go back to our old neglected ones which, perhaps, had not a fair trial in cases in which they are indicated.

It has occurred to me that the marked action of tartar emetic upon mucous membranes, especially of the throat, may be employed with great advantage in combatting the fatal tendency of inflammatory croup, if this remedy were promptly used in appropriate doses at the very onset of the disease and the system kept under its influence for an adequate length of time.

I am aware that this drug in emetic doses is objectionable in children practice because of its depressing effects; but in this class of patients, particularly in children of a tender age, ipecacuhana or apomorphia may be substituted whenever emesis is indidicated. In the catarrhal variety of croup there is of course no necessity for adopting an active course of treatment, and, therefore, the tartarized antimony would here be out of place, while the inutility of this drug has been sufficiently demonstrated in the event that false membranes had already developed.

To formulate with precision the use of tartar emetic, in inflammatory croup, it is advisable to keep in view these chief contra-indications. The cases which appeared to me to call for this medicine are examples of the simple acute variety occurring in previously healthy children, characterized by considerable febrile movements, and not yet arrived at that stage in which the

cyanotic condition becomes apparent. I know of no other remedy which is better adapted to counteract the inflammatory process taking place in the mucous tissue of the larynx and trachea, than tartar emetic. All observers are agreed that under its action the blood pressure decreases, the temperature is lowered, and the hyperæmia of the effected mucous membrane is relieved by an augmented secretion. If, now, the peculiar therapeutical effects of this drug be kept up by constant and gradually increased doses, it may be fairly expected that the inflammatory exudation will become either moderate in quantity and in extent or be entirely checked. The real curative achievement of tartar emetic under these circumstances amounts to this: that it more or less restrains the inflammatory affection of the air passages within the limits of the catarrhal stage, or arrests the development of the more formidable type of the disease. Every physician who is familiar with the alarming symptoms of a dangerous case of croup, particularly dreads the dry, ringing, metalic cough, the constant wheezing, the abruptness of the act of inspiration, and the drowsiness resulting from imperfect æration of the blood; and he but too often keenly feels the inadequacy of his therapeutical resources in the face of these formidable symptoms. My own personal experience in cases of this kind justify me in placing great reliance on the efficacy of tartar emetic. I hesitate to relate cases in point; for, after all, it may be said that desperate cases of croup occasionally recover under different modes of treatment. There is only one other therapeutical measure which sometimes gave good results in my hands when I hesitated to adopt the tartar emetic treatment. It is the plan of constantly subjecting the patient to an atmosphere saturated with aqueous vapor.

Respecting the dose of tartar emetic I have found that a child about four years of age requires no more than one-twentieth of a grain dissolved in a considerable quantity of annis-water, and repeated every hour. Tolerance is soon established, and then the dose may be gradually increased. In one case of a child six years of age I increased the dose to one-fourth grain with excellent effect.

TRANSLATIONS.

Treatment of Uterine Catarrh and Cervical Stenosis According to Schultze's Method. By F. Ahlfeld. *Deutsche Med. Wochenschr*, 1880, *Nos.* 14 *and* 15.—Schultze's method consists in intra-uterine injections of a one to one and a half per cent. carbolic acid solution, which, after proper dilatation of the cervix, are repeated for a period of ten to fourteen days. Catarrh of the body is by this means readily cured, whilst erosions of the lips of the os skin over without special treatment. In cervical catarrh, unaccompanied by catarrh of the body, the diseased surface is scraped and cauterized with Paquelin's galvano-cautery, then diligently injected.

In the treatment of cervical stenosis, dilatation is also effected with the laminaria, the amount of contraction being first measured by means of Schultze's sounds. On the following day a laminaria is again introduced, after which injections can be made. The dilatation is, as a rule, to a certain extent a permanent one.

Of forty to fifty cases, in five only was the progress towards recovery not perfectly normal, although these also recovered completly.

Ahlfeld recommends urgently to use the sound only in the lateral position and with Sims' speculum.

Lumbricoid Ascarides: More than 5,000 Ejected in less than Three Years, the Greater Part by Vomiting: Recovery. By Fauconneau-Dufresne. *Union Med.*, 1880, *No.*62.—A boy 12 years old discharged,

at first by the bowel, but later, for the most part, by the mouth, an enormous quantity of ascarides, the majority of which were still alive. They were usually about five or six inches long and of the size of a goose-quill, although some reached nearly the length of a foot. They were mostly rolled into balls, which were enveloped in mucus; they separated from each other after being vomited. Often there were but ten to twenty, but generally the number was several hundred; upon one occasion over 900 were discharged in one day. Purgatives and anthelmintics had very little effect in causing the worms to be discharged by the bowels. The condition of the debilitated patient was not in any considerable degree disturbed, so that he was only occasionally prevented from attending school.

Besides the enormous quantity of ascarides in this case, their situation, (which was undoubtedly chiefly the stomach), their vitality notwithstanding this situation, and their being rolled up into balls in the living body, which Davaine affirms can only occur in the cadaver as the result of cold, are worthy of notice. Further, it is remarkable that none of the worms made their way into the gall or pancreatic ducts.

Ascites Cured by Faradization. (from the Clinic of Prof. Monassein). By W. F. Sigrist. *Petersburger Med. Wochenschr*, 1880, *No.* 18.—Having formerly witnessed the cure of an ascites by Faradization, a tailor, aged 38 and of intemperate habits, who exhibited well-marked ascites and great enlargement of the liver, after the failure of the milk cure, was subjected to a similar treatment. Twice daily the muscles of the abdomen were made to contract fifteen to twenty-five times, whereupon the quantity of urine increased considerably and the ascites diminished. After ten days, a bandage was placed around the abdomen, and after three weeks the effusion had permanently disappeared, the urine was normal in quantity, and the general condition satisfactory.

Treatment of Carcinoma. By F. W. Benecke. *Berliner Clin. Wochenschr*, 1880, *No.* 11.—From the circumstance that carcinomatous patients, at the commencement of their sufferings, exhibit a robust physical development and an actively functioning liver, that cancerous cells, especially in the soft variety, are rich in cholestearin and lecitin, that cholestearin arises from the nitrogenized elements of food, the albuminates; that, finally, albuminous food is associated with relatively large quantities of phosphate alkalies and earths, the author concluded that, by prescribing a diet as poor as possible in nitrogen and phosphates, we might be in a condition to oppose the development of cancerous growths. The secretion of bile is also diminished by such a diet, which may be aided by the use of Carlsbad or Marienbad water. It is evident that not only the use of meat but also of leguminous articles must be avoided as much as possible; the want of stimulants thus created, may be supplied by the use of tea and wine. The author furnishes a regular bill of fare, which embraces the following articles: tea or cocas, with sugar and cream, potatoes, butter, fruit (fresh and cooked), wine, rice, all sorts of root, vegetables, potato soup containing at the most 50 grm. of meat, sardines, anchovies, fresh herrings, and but little bread. By this diet, which must be strictly enforced for several months, the proportion of nitrogenized to non-nitrogenized food is reduced to one in eight or nine, the normal being one in five.

Experience in regard to the effect of this plan of treatment is as yet insufficient to establish its exact value, but Rosenthal observes that experiments of Benecke and Esmarch appear to give some confirmation to the above views.

Treatment of Empyema by Resection of one or more Ribs. By W. Thomas. *Birm. Med. Rev.*, 1880, *S. A.*—Of nine cases reported, occurring exclusively in children, four recovered perfectly, the lung acquiring its normal powers of expansion; in three others the cure has not been accompanied by complete expansive power, one other is not yet well, although approaching convalescence; one only, a girl of 18 months, died of exhaution a few hours after the operation. In all the nine cases, before resorting to the operation, every other method of treatment (drainage and injections, with lastic compression, &c.) had been tried in vain.

Two Cases of Acute Phlegmon of the Prostate. By G. Tungel. (Communications from the General Hospital at Hamburg).—*Berliner Klin. Wochenschr*, 1880, *No.* 17. The first patient, aged 24, had had gonorrhœa for three weeks. The abscess was emptied simultaneously, by the catheter from the uretha, and by incision from the bowel, cure effected without fistula. The second patient was aged 36, and alleged to have suffered only for eight to ten days with catarrh of the bladder and gonorrhœa; was very much broken down by simultaneous and extensive infiltration of intestine, buttocks and abdomen. In spite of incision and removal of urinous fluid and introduction of a fine metallic catheter into the bladder, death ensued on the same day from collapse. Autopsy revealed immediately behind the orifice of the external urethra a firm callous stricture, two-fifths inch long; also an abscess the size of a fist, occupying especially the right lobe of the prostate, from which the infiltration of the pore-prostatic cellular tissue and the other changes proceeded.

Contribution to the Study of Human Blood-Spots, in Comparison with those of other Animals. By G. Morache. *Annal. d'hyg., publ., etc.*, 1880, *Anril*,—On the clothes, especially the pockets, of a man accused of murdering his parents and grandmother, were found some suspicious spots. According to his statement, these were to be explained by the circumstance that in hunting, in the absence of a game-bag, he thrust the birds he had killed into the pockets of his clothes. By the spectroscope, by the evidence of crystals of hæmia and by the microscope, the spots were distinctly shown to be due to blood. To obtain information as to the source of the blood M. let the blood of a man and of several birds dry upon the same stuff and examined it after the lapse of a period just the same as that which intervened between the commission of the crime and the examination of the suspected spots.

The microscopic character of the suspected spots agreed with that of the spots made by birds' blood, and the size, the oval shape, and the presence of a nucleus in the blood corpuscles left no doubt as to this relationship. The blood-spots, therefore, could not be used as proof of guilt; nevertheless the accused was convicted by other circumstances of the crime.

Treatment of Ulcers. By E. Fiebig. *Berlin Klin. Wochenschr*, 1880, *No.* 35.—After cleansing the surface of the ulcer by treatment with carbolic acid or iodoform, continuous compression by means of a thin plate of lead, such as is used in packing tea, contributes materially to the cure of callous or torpid ulcers of the leg.

Diagnostic Value of Local Temperatures. By T. Melcop. *Diss, Gottingen*, 1880.—The author measured simultaneously the temperature of both axillæ and (by means of thermometers with flat mercury tubes, adapted for application to the surface) the skin at two corresponding points of the breast. The measurements in healthy individuals confirmed the known fact that between the two axillæ frequently differences of some tenths of a degree (centigrade), some-

times in favor of one, sometimes of the other side, appear, also between the temperatures of symmetrical points of the skin; that a relation of the last to the first was not appreciable, and that the differences in the skin temperatures show a greater range (in the author's observations reaching 1.1° centigrade) than those of the axillæ. In the skin temperatures, in a greater number of measures, the right excelled, in axilla-temperatures the left.

In pleurisy (including empyema), and in a case of croupous pneumonia, there was no constant relation in favor of the diseased side. In phthisis pulmonalis of one side, the skin temperature was highest on this side.

Laparotomy in Pregnancy. By C. Schröder. *Ztschr. f. Geb. u. Gyn. V. S.* 384.—The author has operated seven times and always with a favorable issue for the mother. Three of the patients had premature labors, the other four reached term. In all, the diagnosis was made with positiveness. Such a complication must be thought of when, in women of the child-bearing age, menstruation ceases, and this symptom is followed by a notably rapid increase in the circumference of the abdomen. Regard is also to be had to changes of color, and modifications in the vaginal mucous membrane, and especially must the increase in size and softening of the uterus be established.

In difficult cases, when the uterus lies behind, the diagnosis is facilitated by drawing it down with Muzeux forceps. The treatment is directed according to the prognosis for the mothers. This becomes unfavorable when pregnancy and an ovarian tumor are permitted to develop simultaneously, first on account of the troubles which at times arise from the diminished space in the pelvis, from the danger of the pedicle turning on its axis, and finally from the complications which may appear at birth. As now the prognosis of the operation is no worse during pregnancy than in general, the author, in the interest of the mother, advises very strongly to operate and recommends to do so in the first months of pregnancy, since later the management of the pedicle is rendered difficult, in consequence of the enlarged veins of the broad ligaments. The prognosis for the child is probably rendered no worse.

The coincidence of the larger myomata of the uterus with pregnancy is considerably rarer. The author has observed five cases. Of special interest is the last, in which pregnancy coincided with myomata scattered through the uterine tissue and one large pediculated subserous myoma. As the last grew rapidly with advancing pregnancy and caused considerable annoyance, and especially as it seemed capable of removal from before. S. resolved to perform myomotomy. The patient stood the operation well and was delivered with the forceps at term of a living child. The diagnosis of this complication is very different, since menstruation does not always disappear. Frequently a certain diagnosis cannot be made until the fœtal heart becomes audible. As the risks of child-birth and the child-bed period are very great, it is to be considered, whether artificial abortion should not be induced, at least in bad cases.

Effect of Blood-Letting on Inflamed Tissues. By Dr. E. Maragliano, Professor of General Pathology. Genoa.—The web of the foot of a frog previously brought under the influence of curara, was excited to inflammation by the application of a mixture of croton and olive oil (1 to 40), and then placed under the microscope. As soon as the signs of inflammation were visible; viz., stagnation of the blood, dilated vessels, adhesion of the corpuscles, &c., the crural vein on the opposite side of the body was cut and a relatively considerable amount of

blood allowed to flow. The local disturbances are at once seen to be aggravated and in a few minutes the blood ceases to flow entirely, and is not resumed after immersion in warm water. The current continues normally in the healthy part of the web. No such result is seen in similar cases in which there is no obstruction of blood

DILATION OF THE CERVIX UTERI. *Kasprzik, Allgem. Med. Ztg.*, 1880, *No.* 12, *and Elisher, Pester Med. Chir. Presse*, 1880, *No.* 26.—The former describes the method often employed of late by Hegar, of dilating the uterine canal by means of conical pointed hard rubber bougies, after the manner of dilatation of the urethra. Lateral posture, generally without anesthetic, fixation of the uterus, introduction of the bougies, each of which remains in for some minutes; then carbolic acid injection. The cavity was thus always without detriment made accessible for cauterizing, in stenosis, or when the introduction of the finger became necessary, especially in abortion or placenta prævia.

The latter has found that the tupelo is inferior in expansive capacity to the laminaria, but expands more rapidly than it.

After Schroder, he holds dilatation of the cervix to be unecessary for the treatment of endometritic growth, and removal of mucous and placenta polypi. E. F C.

SOCIETY REPORTS.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE.

385TH MEETING, FEBRUARY 2, 1881.

IDIOPATHIC GASTRITIS.

Dr. Taylor.—Two weeks ago I was called to see a lady, æt. 55, suffering from almost continuous vomiting. The spells would occur at intervals of ten or fifteen minutes, and the matter ejected was a greenish mucus. This condition lasted for nearly two weeks, with only one day's intermission. During this time nearly all the anti-emetics were tried without avail As no food could be retained, she was nourished by enemata of beef-tea. Bromide of potass. and chloral were given by the rectum to secure rest at night. There was no history of any irritant having been taken which could produce the attack. There was extreme tenderness over the epigastric region, and the temperature ranged from 100° to 100.5°, and possibly 101°. Was this a case of idopathic gastritis? No evidences of hysteria; perfectly healthy up to the beginning of the attack. She is now convalescent, but for the last two nights has suffered from flatulent colic. She is married and the mother of twelve children.

Dr. Rohe.—I recollect a case like this, only I think mine was hysterical. The woman had most violent and painful retching for about two weeks. There was tenderness over the abdomen but no organic disease could be detected. Morphia was used without benefit, but chloroform gave some relief.

Dr. Taylor.—Ginger ale was the only thing that gave my patient any relief.

Dr. Riggs.—Seen many cases of hysteria, during the past year, in the Marine Hospital, but I can recall no case in which persistent vomiting occurred. We had one case of hysteria which gave us much trouble, especially at night, which was relieved by injection of ℥i. tr. assafœtida. Morphia, ch. bromide, &c., had been used without benefit.

Dr. Chambers.—The fact that no higher temperature than 101° was noted seems to be opposed to the opinion that there was acute gastritis The tenderness might have been the result of the vomiting.

Dr. Taylor.—The diagnosis was not hurriedly made. Dr. Lynch saw the case in consultation and coincided in the belief that it was inflammation. I cannot see why we cannot have idiopathic inflammation of the stomach as well as of any other organ.

Dr. Rohe introduced the regular subject for discussion, by reading a paper on *Some Points in the Administration of Anesthetics.* The speaker began by relating a supposed case of death from chloroform anesthesia occurring to him thirteen years ago. The manner in

which chloroform and ether produces death was next considered, and on the basis of extensive clinical and experimental testimony, it was shown that chloroform exercised an invariably unfavorable action on the blood-pressure The report of the committee of the British Medical Association, whose labors have been recently concluded, was quoted from to show that when ether was administered, no unfavorable action on the heart took place. Clinical evidence was to the same effect.

In his own experience, and that of others, whose statements were quoted, the speaker said that anomalies of respiration, stertor, superficial, or sudden cessation of breathing occurred more frequently in chloroform than in ether anesthesia. Cardiac syncope, as indicated by fluttering or inappreciable pulse, pallor, sighing, respiration and cessation of hemorrhage from wound is not unfrequently a concomitant of chloroform narcosis.

Where ether is given, these alarming symptoms are rarely or never seen. The total number of deaths occurring from anesthetics in the United Kingdom of Great Britain, from 1870 to 1880, was given (on the authority of the *British Medical Journal*) as follows:

From	chloroform . . .	120 deaths
"	ether	11 "
"	ether and chloroform	7 "
"	bichloride of methylene	10 "

While statistics of deaths from anesthetics are of very little value, except as a not very certain guide, Dr. Rohé concludes that the discrepancy in the number of deaths reported from chloroform and from ether is too great to be explained on any other supposition than the greater relative safety of the latter agent.

Dr. Rohé does not regard chloroform as so innocuous in the case of young children, old persons, or in obstetric practice as is generally held even by those who believe ether to be the safer anesthetic of the two. In a table of deaths from chloroform recently published, in which the ages of the patients were given, he had found that the proportion of children of twelve years and under was only a small fraction under *ten per cent.* The manner of administration of anesthetics was considered at some length, and practical rules laid down for guidance.

Chloroform or ether should always be given in a large, airy apartment, the temperature of which should not be below 70°.

The administrator should have nothing to do but attend to giving the anesthetic. The operation should not concern him or distract his attention from watching the pulse, face and respiration of the patient in order to be on guard against dangerous symptoms

The patient should always be in the recumbent position, and all clothing loosened around the neck, chest and waist; corsets must be taken off.

The head should not be raised much above the level of the body, and should be turned to one side. This prevents the flowing of the saliva into the larynx, and also prevents the falling back of the tongue and closure of the glottis.

A pair of strong dressing-forceps must be at hand to draw forward the tongue when necessary.

The patient should not have any solid food for at least five hours before the operation. When chloroform is given, an ounce or two of whiskey should be administered before beginning the inhalation. When ether is used, a hypodermatic injection of morphia ($\frac{1}{8}$-$\frac{1}{4}$ gr.) should precede the anesthetic from ten to fifteen minutes. This seems to lessen the tendency to vomiting and to reduce the stage of excitement.

The best inhaler for choloform is a towel rolled into a *cylinder*, leaving both ends open More than five per cent. of chloroform in the inhaled air is dangerous.

The occurrence of irregular breathing or irregular action of the heart is the signal for the removal of the inhaler from the face of the patient.

Absence of reflex action in the eyelids when the cornea is touched, indicates the abolition of sensation

When ether is used, the best inhaler, in the opinion of Dr. Rohé, is one devised by himself and Dr. B. F. Leonard, three or four years ago. It consists of a flexible rubber-hood to cover mouth and nose, and a rubber sponge-bag, lined with flannel. The bag is secured to the hood by means of a draw-string, and

about two ounces of ether poured into it. The flannel surface rapidly absorbs the ether, and gives it out in the form of vapor. The patient is directed to take a deep inspiration, and the inhaler then held over his mouth and nose The air is expired into the bag and warms the ether vapor, which then gives little irritation to the larynx and trachea. Struggling if it occurs is generally only momentary, and in the course of three or four minutes the patient is usually ready for operation. In Dr. Rohé's experience no case has required longer than ten minutes to produce total insensibility. Ether must be pushed and the vapor given in as concentrated a form as possible in order to obtain its best effects. The dangerous symptoms from ether always approach from the pulmonary side, and a safe and reliable method of restoring suspended breathing is by artificial respirations.

When dangerous symptoms occur, the anesthetizer should act promptly but calmly The tongue should be drawn forward with forceps, or, if this is impossible on account of locking of the jaws, the lower jaw should be drawn forward by placing the thumbs on the mental symphisis and the hooked forefingers behind the ascending rami. This maneuvre raises the epiglottis and opens the larynx.

Sylvester's is the most ready method of practicing artificial respiration.

Tracheotomy may be necessary in order to admit air to the lungs

Reflex action may be excited and artificial respiration aided by dashing cold water in the face, or injecting a jet of cold water into the nostrils. Stimulating injections of brandy or carbonate of ammonia may be of use, either hypodermically or by rectum.

In heart-failure from chloroform, Nélaton's method of inverting the patient's body offers the best chance for restoring cardiac action. Electro puncture of the heart should not be attempted.

Dr Chisolm.—I can endorse nearly all Dr. Rohé has said on this subject. My experience, which extends to over 10,000 cases, old and young, weak and strong, with no serious trouble so far, has led me to be so thoroughly satisfied with chloroform that it would require strong arguments to induce me to change. Any anesthetic should be given with caution, and due care should be taken by the administrator as to the purity of the article, the position of the patient and strength of the vapor. I believe that chloroform, under certain conditions, may produce serious heart disturbances, but my experience points to the lungs as the organs most likely to be affected, I think that when the heart is arrested death follows, and that no efforts will avail to restore the patient. I have seen respiration stop while chloroform was being administered in at least twelve cases, and the danger is from asphyxia rather than from syncope. In adults I always give a strong drink of whiskey before commencing the administration of the anesthetics; never had occasion to use hypodermic or rectal injections of stimulants, as is constantly the case with other surgeons. A very nervous woman, upon whom iridectomy was to be performed, was taking the chloroform very kindly, and I was just ready to operate when the jaw dropped and respiration ceased. Nélaton's method was used and she revived. I thought probably she was sufficiently under the influence to allow me to proceed, but finding she was not, chloroform was again administered and I had just made the section of the cornea when respiration ceased. Nélaton's method was again used and chloroform was a third time administered, the operation completed and the woman put to bed without further trouble. I have never seen the heart's action cease during the administration of chloroform. As to ether, my experience is not favorable to it; it is bulky, and sometimes we have almost a fight before we can get it inhaled kindly. Both chloroform and ether will kill in rare instances. All the accidents occurring during the administration of chloroform are attributed to the anesthetic.

In one of Turnbull's cases, a case of eclampsia, the chloroform had just been placed to the woman's nose when she died. It would have been more rational to attribute this result to eclampsia rather than to the chloroform. In the first case in which chloroform was to have been used in Edinborough the boy died from syncope as soon as the first incision was made. Was this a death from chloroform? It might be placed

in the catologue with many if very little more chloroform was administered. I have never seen a case killed by chloroform and I am sure had I given 10,000 doses of castor oil I woud have done much more harm than I have done with this most valuable agent.

In certain parts of the world, chloroform is used exclusively, as in Germany, France, outside of Lyons, and in our own Southern States, used in hundred of thousand of obstetrical cases, no death is attributed to chloroform. I have given it when there was serious disease of the brain, heart or lungs. Richardson says that it is dangerous when there is fatty heart, but I have given it to old persons, even as old as 96, with extensively degenerated vessels. More than one-half the cases of death are attributed to partial inhalation, and many of these in the hands of dentists, and when very few whiffs have been taken. Terror may have had much to do with this fatal result, as was the case prior to the introduction of anesthetics. I use a cone made of a rather thin towel, and do not know whether I give 5 or 10 per cent. of the vapor. Some cases come under the influence very promptly. I have used Dr. Rohé's apparatus, and in some instances, after commencing with ether, I have had to complete with chloroform. The position should be on the back, and as soon as partial coma is produced remove the pillow, and if any stertor comes on, thrust the chin forcibly upwards, which draws up the hyoid bone, and opens the larynx, and the noise stops. I do not think the profession is satisfied with either chloroform or ether, but the majority of surgeons use chloroform. The new anesthetics have proved more dangerous than chloroform. Bromide of ethyl has already killed two persons.

I have never had a death from chloroform, nor have I ever seen one at the hands of others, but I may have one tomorrow, regardless of the anesthetic used or the care bestowed in its administration. No surgeon can tell in advance how soon such an accident may occur to him, as there are no premonition. Chloroform can fatally paralyze the heart and respiratory nerve centres, but ether has done the same thing. I have had difficulty in keeping the patient quiet enough under ether for eye operations. We are looking for a good substitute for both of these anesthetics, but until it is found, I am not prepared to give up chloroform, which I know to be good, for ether, which I do not believe is any better.

Dr. Rohe.—McGuire has had his death, Nusbaum has had his, and Bilroth his third, one of them under mixed vapor. Take the three deaths from chloroform in Baltimore and compare the results with those of Boston where ether is used, and one death has occurred. Dr. Chisolm admits that great care must be used, and I think much of his immunity is due to the stimulant he administers, as the sphygmograph shows much greater decline in the blood pressure when chloroform is used than when ether is administered. There may be something in climate, or else English surgeons do not understand its administration as well as ours do, for a large number of deaths have been reported in England. I think that so far as we have any statistics chloroform is more dangerous than ether.

REPORT OF MEDICAL SOCIETY OF CECIL CO., MD.

In accordance with announcement the Medical Society of Cecil County held its regular monthly meeting in the Young Men's Club Room. Meeting called to order at 12 M., the President, Dr. Bromwell, in the chair. Members present, Drs Bromwell, Ellis, Carter, Hanna, Skinner, Lord, Virdin, Wills, Wallace and McCoy. The proceedings of the last meeting were read, and on motion approved as read. On motion, the regular order of business was suspended, and the society proceeded to the reading and discussion of papers. The first presented was an elaborate and interesting paper upon "Hæmaphelia" by Dr. Ellis. After referring to the peculiarities of the disease he illustrated the subject by giving a detailed genealogical history of a family among whom it prevailed to a remarkable degree. There were about 20 of them, and they suffered more or less from hemorrhages upon the slightest cause, especially while young. A scratch of a pin, the pulling of a tooth, the blowing of the nose, would sometimes be followed by alarming hemorrhage

which, while it prostrated them very much at the time, it was remarkable the rapidity with which the children rallied from the effects of them They were spontaneous as well as traumatic. Hereditary upon the mother's side—frequently the diathesis was attended with enlargement of the ankle joints. Those that did not die from hemorrhage died from phthisis, and the diathesis was chiefly if not exclusively confined to the boys, the girls being comparatively free from it. There was no hematuria, hemoptysis or profuse flow from the uterus of the menstrual period or any tendency to post-partum hemorrhage among the females, while the tendency to spontaneous bleeding diminished as they approached the age of 20, yet the bleeding from traumatic causes still remained.

In discussing the causative he stated little was known, whether it was due to some deficiency in the constituent elements in the blood or some peculiarity in the organization of the coats of the vessels that joined this hemorrhagic diathesis, was a question for the medical mind yet to solve. A vote of thanks was tendered Dr. Ellis for his interesting paper.

Dr. J. McCoy, of Delaware, then read a paper upon "Diphtheria." After referring to the several names under which it has been formerly known and recognized, he defined it a specific, contagious disease characterized by whitish membranous pellicles deposited on the nares, fauces and upon abraded surfaces, by the rapid development of anæmia, extreme debility and supervention of temporary paralysis, due in all probability to the proliferation of cellular elements and pressure upon adjacent nerve tissue; this paralysis observable or coming on during apparent convalescence. But the membranous deposit was composed of fibrin and pus cells, and very soon bacteria and micrococci could be found in it. He regarded it as essentially an asthænic disease requiring brisk supporting treatment from the beginning. He quoted many authorities concerning the etiology and pathology of the disease. Kidney complications very common, due to blood-poison. Albumen and casts frequently found in the urine, the result of parenchimatous involvement. Prognosis unfavorable. Majority of cases die, and the cause of death is usually from suffocation, septicæmia, uræmia or cardiac paralysis.

He laid stress upon the use of bromic, carbolic and salycilic acids locally as of great service, and tracheotomy only to be resorted to to relieve threatened suffocation. Subject generally discussed by the members. Dr. Carter thought the majority of cases died in spite of the treatment, and Dr. Skinner regarded it a constitutional disease requiring local and systemic treatment, to destroy the septic influences, the result of pus poison found under the patches of membrane. Dr Hanna, in referring to the differential diagnosis, stated that the latest authorities regarded diphtheria and membranous croup as identical. Dr. Ellis endorsed this view, whilst Drs. Wills, Virdin, Wallace and others took issue with him.

The executive committee selected "Syphilis" as the subject for discussion at the next regular meeting and Dr. Virdin as essayist. On motion, adjourned to meet in Havre de Grace, second Tuesday in March, at 11 o'clock.

J. H. JAMAR,
Secretary.

Elkton, March 9.

ANTAGONISM BETWEEN OPIUM AND BELLADONNA.—No absolute rule can be laid down as to the dose of the antagonist to be used in any given case. The best guides are the condition of respiration and circulation. If the pulse be full and regular, and the respiration deep and rhythmical, the state of the pupil and depth of the respiration are of little importance. As a rule, the antagonist should be given in small doses, frequently repeated, until a sufficient quantity has been introduced into the system. From actual experience, Dr. Bartholow finds that one-twentieth grain of atropia is equivalent in toxic power to about one grain of morphia.—*Bartholow's Cartwright Lectures, in British Med. Journal, Feb.* 12.

MARYLAND MEDICAL JOURNAL

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BALTIMORE, APRIL 1, 1881.

EDITORIAL.

ANNUAL MEETING OF THE MEDICAL AND CHIRURGICAL FACULTY OF MARYLAND.—The next annual meeting of this Faculty will be held in this city on the 12th, 13th and 14th of April. The meeting promises to be one of much interest. We are unable to present to our readers a programme of the order of exercises, but we understand the Executive Committee is making arrangements to present an attractive order of business. The annual address will be delivered by Prof. Wm. Goodell, of Philadelphia, a gentleman of distinguished reputation and ability.

The President of the Faculty will, in his address, recommend some important measures and changes in the conduct of the organization which will be well worthy of consideration and discussion. A large attendance upon this meeting is very desirable. We would urge the profession throughout the State to make an earnest effort to be present. Arrangements, we understand, are being made to take care of visiting delegates and other members of the profession who may attend the meeting; and whilst we are not authorized to say that sumptuous entertainments will be given we think we can promise those who come a kind reception and hospital entertainment by their friends residing in the city. There are important reasons why members of the profession residing in different sections of the State should attend the annual meetings of this State Faculty. Indeed, it seems scarcely necessary to present an argument in support of such a plain and self-evident duty. The State Faculty is the only State Medical Society in Maryland, and its meeting possess more than a local interest. It is the representative body of the profession throughout the State, and as such is entitled to the respect, attention and support of the entire profession in Maryland. At one time every physician engaged in practice in the State was required by law to be a member of this Faculty. Though this law has long ago been abolished the moral obligation is almost as binding. Every physician of good standing should possess some professional pride, and should feel it a duty and pleasure to be connected with a State Medical Society, which seeks to advance the interests of the profession in his State. The State Faculty has but one object in view—that object is to advance the science and practice of medicine, to uphold a high standard of professional ethics and conduct, to widen the influence of the profession. No physician, who regards his profession from this standpoint, can afford to withhold his influence and support from such an organization. On the contrary he is in duty bound to take part with those who labor to uphold such an institution as this. Now we are ashamed to say it, but the truth is, this State Faculty is not supported by the profession as it should be; it has entirely too small a membership and is entirely too narrow in its hold upon the profession. We cannot discuss at this time the causes which have induced this meagre interest and support upon the part of the profession throughout the State. Whatever these causes are it is now time that they were being corrected. We believe there is no real reason why the State Faculty should not quadruple its membership within the next year. This can be done if the proper effort is made and the claims of the State Faculty are carefully presented to the profession. Within our knowledge no systematic effort has been made to induce physicians to join the Faculty. All in good standing are at liberty to become members, but no urgent appeal has been made, no force has been employed to enlist the co-operation of the entire profession in behalf of the purposes of the Faculty. It is now time that something was being done to enlarge its member-

ship and to establish such relations with the profession as will lead to a wider usefulness and influence than it has ever exerted. We trust the coming meeting of the Faculty will mark a new era in its history. We urge upon such as can to attend this meeting and to come prepared to say something or do something which will arouse some enthusiasm in medical matters in the State.

THE INDEX MEDICUS.—We are in receipt of a communication from the publishers of the *Index Medicus* directing attention to the present condition of this enterprise. The actual expenses of this publication are not yet fully covered by subscription, some two hundred more subscriptions being required to permanently establish it upon a self-sustaining basis. An appeal is again made to the profession fully and frankly setting forth the claims of this publication to professional support, and candidly stating that unless aid is received the enterprise will be discontinued. Now the supension of the *Index Medicus* would be an irreparable loss to every student of medical literature, to every teacher of medicine or medical practitioner who desires to keep pace with the progress of medicine in its various department. In the event of its suspension it is doubtful whether the publication could ever be revived under similar circumstances. The mass of material and the labor involved in making up the *Index* makes it necessarily a costly publication. Nevertheless it is fully worth ten times its subscription price to anyone who has occasion to refer to its pages. It is not expected that such a work should be of equal value to every physician but to those members of the profession who have the means to invest in scientific works or who are collecting books for private libraries this work should be embraced in the list. It is of special value as a book of reference, to which one can turn with the full assurance of being able to ascertain where a given subject can be found. We trust that some of our readers will subscribe to the *Index Medicus* as a matter of professional duty if the publication does not commend itself on its own merits. A little liberality for the present will enable the publishers to bridge over the year and to establish the publication upon a better basis. The usefulness of the publication must make itself felt more and more each year.

A ROYAL ACADEMY OF MEDICINE.—In his address before the Royal Medical and Chirurgical Society, March 1st, Prof. Erichsen advocated the amalgamation of the various London Medical Societies into one body. He pointed out that most of the Fellows are members of one or more of the other societies, and that an amalgamation under one organization would simplify the working, economize the time and expense, and systematise the labors now distributed between the older Society and the Pathological, Clinical and Obstetrical Societies. He felt sure that a Royal Academy of Medicine with several sections might thus be nearly established, and would be a gain in every way. The project, (which was attempted ten years ago and failed, although coming very near fulfillment,) can only be carried out by means of a cordial co-operation, and a certain amount of mutual concession on the part of each of the societies concerned.—(*Lancet, March 5th.*)

[A similar effort was made in Baltimore some eight or nine years ago to form a representative Academy of Medicine, but the scheme met with no encouragement from the societies, although delegates were appointed from each. The plan of the organization proposed by Prof. Erichsen corresponds with that of our Medical and Chirurgical Faculty, the sections of which have, however, never displayed any activity. There is some talk, however, at this time, of placing the Obstetrical section in working trim, and such an arrangement commends itself for the reason that Baltimore is almost the only large American city which has not an Obstetrical or Gynæcological Society, and secondly because we would thus secure all the advantages to be derived from such a society without any of the expense, the Faculty providing a hall, fuel, gas, &c., for the section. We hope to see this idea realized the coming season. The proceedings of such a body, embracing, as it would, the best obstetricians and gynæcologists of the city and State would be a welcome contribution to the medical press. There

is another section of the Faculty, for whose work there is a place and a need in our city—we refer to that on Microscopy. In pathology, and especially that relating to the more minute investigation of the tissues, we are far behind some of our neighbors, and it is not hard to conceive that a dozen or more earnest workers with the microscpe could do much more to excite and increase the interest in this highly important department of professional work, especially among the younger members of the profession. We commend both of these matters to the consideration of those in charge of the sections. The meetings might be held once a month only, or even at longer intervals, should it seem advisable.

REVIEWS & BOOK NOTICES.

A Practical Treatise on Diseases of the Skin. By LOUIS A. DUHRING, M. D., Professor of Diseases of the Skin in the Hospital of the University of Pennsylvania, etc. Second Edition. J. B. Lippincott & Co., 1881. For sale by Baltimore News Co. Pp. 626.

The first edition of this work, published in 1876, was received with great favor by the profession. It was pronounced by the *Archives of Dermatology* as "in many respects the best general treatise on diseases of the skin that has ever appeared in any language." Other reviewers were even more complimentary in their expressions of opinion as to the character and value of the book. The work at once took a leading position as a text-book, and has not been eclipsed by any rival which has appeared in this field of medical science.

The advances which are constantly being made in Dermatology have rendered a second edition necessary. No specialty of medicine has grown so rapidly. The fund of knowledge is being widened almost daily by new remedies, new diseases and larger views upon well-known subjects. This edition, revised and enlarged, takes notice of these advances and brings the subject down to the most recent date. Many parts have been re-written, and the book enlarged to the extent of about one hundred pages to make place for new articles upon subjects not treated in the first edition. The author endeavored to make the volume a faithful mirror of latest dermatological researches, and he has succeeded admirably in his task. We commend the book to all interested in this subject.

"Syphilis and Marriage." Lectures delivered at the St. Louis Hospital, Paris. By ALFRED FOURNIER, Professeur a La Faculté de Médécine de Paris, etc. Translated by P. ALBERT MORROW, M. D., Physician to the Skin and Venereal Department New York Dispensary, etc. D. Appleton & Co., New York, 1881. Pp. 251. $2.00.

The subject here presented is one of the most important which can engage the attention of the profession. The growing frequency of marriage relations between syphilitics and those yet uninfected with this dreadful malady should at all times suggest words of caution and advice from medical men. Physicians are frequently consulted in reference to such alliances, and not unfrequently sanction them. The amount of injury a syphilitic may unintentionally create for his wife or for his children cannot be foretold. Such alliances should never be encouraged. On the contrary the physician's plain duty is to interpose and warn parties of the gravity of the responsibility each is assuming. In these lectures the author has pointed out dangers introduced by syphilis into the marriage state. He has discussed the social aspects of the question and all the conditions of admissibility to marriage. He tells his readers how a syphilitic man may be or may become dangerous in marriage, first, to his wife, in transmitting to her the disease with which he is affected;

second, to his children, by way of heredity; third, to his family, from personal risks to which he remains exposed.

He concludes, first "that marriage should be forbidden to every man who still presents a syphilis sufficiently active to be dangerous;" second, "that conversely, it may be permitted to every man in the opposite conditions." Such general facts are not sufficient for the solution of this problem. He next descends into details and presents clinical elements from which we may be able to judge whether a syphilitic subject has or has not ceased to be dangerous in marriage, and whether we should accord to him the authorization which he comes to claim from us, or flatly place our veto upon his projects of a union.

The author next proceeds to discuss his subject from a scientific standpoint, and in presenting arguments for and against the admissibility of marriage, writes with perfect fairness and thorough knowledge. He analyses the subject practically and honestly, and gives his reader an amount of information which will not fail to guide him safely in forming a judgment upon given cases, which may come under observation in practice. In fact, the whole subject is so clearly presented that one could hardly go wrong in advising such patients. The volume should be generally read, as the subject matter is of great importance to society.

The Hygiene and Treatment of Catarrh, Part I, Hygienic and Sanative Measures; Part II. Therapeutic Measures. 40 Illustrations. By Thos. F. Rumbold, M. D. St. Louis. Geo. O. Rumbold & Co., 1881. Pp. 473.

Catarrh is one of the most troublesome and unsatisfactory diseases which the physician has to treat, and we have looked anxiously through this volume to see what success the author has met. He says: "From this it may be surmised that I, at least, have but few catarrhal patients over 30 years of age that have recovered entirely. Yet I do lay claim to having a large number who, with the spring and fall treatments, are enjoying entire immunity of all catarrhal symptoms. It is seen that according to my views, patients over 30 will require to be treated fall and spring during their life-time, while those from 10 to 30 years of age will require treatment, fall and spring, from 3 to 5 years. Children under 10 may require 1 or 2 year's treatment at most." His treatment is thorough cleansing by spray producers throwing the following into the cavities:

℞ Acid. Carbolic, gr. ¼.
Glycer. ℥ii.
Aquæ, ℥ii.

"After the cleansing, vaseline and the pinus comp. should be applied by means of such spray producers as will make direct application to the whole of the diseased surface. The quantity of vaseline used is about one-half drachm; to this, after it has been melted in the bowl of the spray producer, is added from 2 to 5 drops of the pinus canadensis mixture. This mixture consists of the following:

℞ Pinus Canadensis, gr. xv.
Glycerinæ (Price's), ℥ss.
Ac. Carbolic, gr. ½.
Aq. Ferv. ℥iss.

"This should be repeated every day for from 3 to 5 days; then every other day for 3 or 4 weeks; then twice a week for the same length of time and once a week for the same period."

From this it is seen that the patient would be under treatment about 6 months of the year. He believes the principal causes of the disease are the use of tobacco by men, and insufficient clothing in women. The make-up of the volume is poor. If the book were one-fourth its present size it would be much more valuable.

Imperfect Hearing and the Hygiene of the Ear. By LAURENCE TURNBULL, M. D., Ph. G., Aural Surgeon to the Jefferson Medical College Hospital, etc. Third Edition, with Illustrations. J. B. Lippincott & Co., 1881. Pp. 147.

This book will be of special service to those who pay much attention to otology. It is not addressed to the general practitioner, and apart from its value as a book of reference will not greatly interest the general reader To those, however, who are interested in watching the progress of otology and in studying the improvements which have been made for correcting imperfect hearing, the book will possess more than ordinary value. The following chapters will be read with profit: Chapter I, on "The Limit of Perception of Musical Tones by the Human Ear;" Chapter VI, "The Hygiene of the Apparatus of Hearing, with the Prevention of Deafness;" Chapter VII, "On the Method of Educating the Deaf-Mute at Home, and on the Selection of Proper Schools for the Deaf and Dumb;" Chapter VIII, "A Comparison Between the Audiphone, Dentaphone, etc., and the Various Forms of Ear Trumpets."

Hernia, Strangulated and Reducible. By JOSEPH H. WARREN, M. D., formerly Surgeon and Medical Director U. S. Army, etc., etc. Charles N. Thomas, Publisher, Boston, Mass. Price $3.00. Pp. 274.

This work has been written with a view of giving a short sketch of the various operations for the cure of hernia. Much labor seems to have been spent in consulting authorities and presenting trustworthy references. The author offers much that is practical, the result of some years of study and experience. Chapter V. is entirely taken up in explaining the author's operation for the cure of hernia by subcutaneous injections which he has developed after much labor and effort, all the methods of which are entirely original. He also offers improved methods for kelotomy. The book is fully illustrated, and, upon the whole, possesses many points of interest.

NEW BOOKS.

Health Primers, "The Heart and Its Function." D. Appleton & Co., N. Y., 1881. Pp. 95. 50 cents.

"Drainage for Health, or Easy" Lessons in Sanitary Science. By JOSEPH WILSON, M. D., Medical Director U. S. Navy. Presley Blakiston, 1881. Pp. 66. $1.00.

Drugs That Enslave. By H. H. KANE, M. D. Presley Blakiston, Philadelphia, 1881. Pp. 221. Price $1.50.

Popalar Science Monthly for April. D. Appleton & Co., New York. Price $5 00 per annum.

A Guide to the Clinical Examination of Patients and the Diagnosis of Disease. By RICHARD HAGEN, M. D. Translated by G. E. GRANON, M D. Boericke & Tafel, New York City. Pp. 209.

A Manual on Diseases of the Eye and Ear. By W. F. WETTENDORF, M. D., Surgeon to the New York Eye and Ear Infirmary, etc. G. P. Putnam s Sons, New York, 1881. Pp. 419.

Students Aids Series, Diagnosis. Part I, Semeiology; Part II, Physical. G. P. Putnam's Sons. Price 50 cents each.

Constipation Plainly Treated. By J. F. EDWARDS, M. D. Presley Blakiston, Philadelphia, 1881. Pp. 72. Price 75 cents.

MISCELLANY.

A NOTICE TO SUBSCRIBERS.—Many subscribers are still in arrears to the JOURNAL for the past year and not a few for several years back. We earnestly request that all who are in our debt will remit before May 1st. We desire to improve the JOURNAL at that time, but cannot do so unless we receive the amounts due us We trust this appeal will bring a prompt response.

A FREE DISPENSARY FOR CHILDREN A Free Dispensary has been opened at 162 Druid Hill Avenue, from 12 to 2, daily, known as the "West-End Dispensary for the Medical and Surgical Treatment of Diseases Peculiar to Childhood."

This is the only special institution of this character in Baltimore. A special feature in its programme will be the treatment of deformities among children which require mechanical appliances in order to effect a complete cure. These appliances will be furnished without charge to the patients. Special provision is also made for the treatment of children who are unable to attend the dispensary. The gentlemen at present in charge of this institution are Dr. Wm. Lee, General Diseases; Dr. Wm. Moale, Surgical Practice; Consulting Staff, Prof. Christopher Johnston, Surgeon; Dr. Riggin Buckler, Physician; Dr. Samuel F. Frank, Oculist and Aurist; Dr. Samuel Johnston, Diseases of the Throat.

DEATH OF SURGEON G. A. OTIS,—Dr. George A. Otis, Surgeon U. S. Army, died on February 23d, of Apoplexy. He was born in Boston, in 1830. After graduating at Princeton, he received the degree of M. D. from the University of Pennsylvania in 1850. From 1853 to 1859 he practiced medicine in Richmond, Va., and assisted in editing the *Virginia Medical and Surgical Journal*. During the war he served as surgeon to the 27th Massachusetts volunteers. In 1866 he was appointed Assistant Surgeon U. S. Army. He was well known to the profession in connection with the Medical and Surgical History of the War of the Rebellion, which he assisted in preparing.

CHANGES IN THE FACULTY OF THE UNIVERSITY OF MARYLAND.—Professor L. McLane Tiffany has been elected to the chair of Surgery in the University of Maryland, made vacant by the resignation of Professor Christopher Johnston. The chair of Operative Surgery is held in abeyance, and it understood no appointment to this chair will be made at present. Professor I. E. Atkinson has been elected Professor of Pathology and Clinical Professor of Dermatology in the same school.

BACKACHE DUE TO ANEURISM OF THE AORTA.—George Johnson, F. R. S., in a lecture on "Backache," mentions as among the less frequent but more formidable causes of severe and persisent backache, pressure on the bodies of the vertebræ and on the ribs by aneurism of the thoracic and abdominal aorta, and relates several cases in illustration. In all cases of severe pain in the back, he says the possibility of aneurism should be constantly borne in mind and the signs carefully investigated. In cases of suspected abdominal aneurism, place the patient on his back with the thighs fixed toward the abdomen, and the abdominal muscles relaxed; then press the ends of the fingers backwards towards the aorta, taking care not to mistake the nervous pulsation, which occurs in excited states of the circulation, especially in anæmic women, for the expansive pulsation of an aneurism. A soft blowing sound may always be excited by the pressure of the stethoscope on any large artery, but in most cases of abdominal aneurism a more or less rough murmur is heard on applying the stethoscope even lightly over the pul-

sating tumor; and this sound, being conducted through the bones, is often distinctly audible at the back over the spinous processes of the corresponding vertebræ.

SOCIETY BULLETIN.—*Medical and Chirurgical Faculty of Maryland* will hold its Annual Convention in Hopkins Hall, Johns Hopkins University, commencing Tuesday, April 12th, at 12 M. Prof. Wm. Goodell, of Philadelphia, Annual Orator.

Medical Association will meet Monday, April 11th, at 8 P. M. Dr. Uhler will open the subject of discussion.

Medical and Surgical Society will meet Wednesday, March 30th, at 8.30 P. M. Dr. C. F. Percivall on "Abscess of Uterine Appendages."

Clinical Society of Maryland will meet Friday, April 1st, at 8 P. M. Dr. Michael on "Circumcision" April 15th, Dr. Geo. H. Rohé.

Academy of Medicine will meet Tuesday, April 5th, at 8.30 P. M.

MEDICAL ITEMS.

Col. Thos. A. Scott, of Philadelphia, late President of the Pennsylvania Railroad, has recently given an endowment of $50,000 to the chair of Mathematics in the University of Pennsylvania; $50,000 to Jefferson Medical College, Philadelphia; $20,000 to the Orthopædic Hospital and $30,000 to the childrens' department of the Episcopal Hospital in the same city.=The City of Berlin, Britannic, Arizona and Gallia, four of the largest and quickest ocean steamers, carried across the Atlantic last year a total of 32,738 passengers.=Dr. J. Marion Sims is now at St. Augustine, Florida, improving in health and strength.=The Laryngological Association meets at Paris in Sept. 1882.=It is stated that a new medical college will now be organized in Philadelphia.=Prof. Bigelow's operation of litholapaxy has been performed six times successfully by Billroth.=Madame Regina Dal Cin, the celebrated Italian bone-setter, whose career in this country gave rise to considerable discussion and comment in social and professional circles, has returned to her native country. Her methods of treatment will bear careful study and criticism.=At the recent commencement of the Jefferson Medical College, Philadelphia, 205 students were graduated.=The cough of phthisis can, it is said, be easily and quickly relieved by hypodermic injections of water with a few drops of cherry-laurel water added. The injections must be made generally in the infra-clavicular region.=A cremation company called the United States Cremation Co (limited) has been formed in New York City with a capital fixed at $50,000 divided into 2,000 shares at $25 each.=At the recent commencement of Bellevue Hospital Medical College, 118 students were graduated.=Small-pox is still raging in Chicago The health department is having a hard time to ferret out and find all the cases and take care of them. Many cases are hidden from the department.=Rush Medical College recently graduated 172 students.=The Kentucky State Medical Society meets in Covington, Ky., April 5th.=Prof. Huxley says he has long entertained the conviction that any man who has taken an active part in science should be strangled at sixty. In his experience ninety-nine men out of every hundred become simply obstructionist after that age.=A bill is now before the Pennsylvania Legislature to compel physicians to write prescriptions in English, without abbreviations.=Prof. Billroth recently excised about six inches of the greater curvature of the stomach, including the pylorus, for infiltrating carcinoma. A week after the operation the patient was doing well, and was able to take coffee, tea and other light nourishment.

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THOMAS A. ASHBY, M. D., Editor.

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ORIGINAL COMMUNICATIONS.

CLINICAL LECTURES.

TREATMENT OF WILD HAIRS MORE ESPECIALLY BY ELECTROLYSIS.

BY JULIAN J. CHISOLM, M. D.

(*A Lecture before the Medical and Surgical Society of Baltimore.*)

The subject of ingrowing eye lashes is one much more frequently spoken of by the suffering masses, than met with in surgical practice; and yet it is a disease common enough and of very positive annoyance. According to the reports from old women who prescribe so readily for eye troubles, wild hairs are the cause of nearly all eye diseases, and their removal is regarded as the great and sovereign eye remedy. I do not find ingrowing eye lashes in many patients who have had the so called wild hairs pul led out in scores by the old females of professional repute, who have been my predecessors in the treatment of these cases. I have often had patients describe to me with much minuteness how numbers of hairs had been pulled out, and how black their roots were; as if the color of the root was pathognomonic of the wildness of the hairs.

Of course we recognize wild hairs, regardless of their color or size, as ingrowing eye lashes diverted from their normal position and direction. Instead of turning outwards with uniform regularity, as a fringed border to the eye lid, for the protection of the visual organ from dust and light, and as sensitive points giving warning when foreign bodies are approaching too near the eye for its injury, these hairs grow irregularly. Some of them turn inward instead of outward, and being brought into contact with the surface of the cornea, produce all of the painful annoyances occasioned by the presence of foreign bodies in the eye.

We have all experienced in our own persons, the exceedingly great distress which a very small extraneous particle in the eye produces. Although we may have been fortunate enough to have the cinder soon washed out by a gush of tears, months afterwards we recall the extreme discomfort which its presence had occasioned, and the great relief which its escape had brought us. When the foreign body is so attached to the lid that it cannot be washed out, but is constantly kept in contact with the sensitive surface of the cornea, its persistent annoyance is increased many fold.

Should these foreign bodies be multiplied, as is often the case when many interned cilia are scratching the eyeball at every wink, is it surprising that they should irritate nearly beyond endurance?

The first effect of such irritation is to inject the eye and cause it to secret abundantly of tears. In the course of time the cornea becomes cloudy and vascular from the constant scratching, interfering with its transparency and impairing the sight, and accompanied by much suffering. Even destructive inflammation may be induced by the softening of the corneal tissue with ulceration, and subsequent bulging of the anterior wall of the eye in staphyloma. There is therefore such a disease as wild hairs or ingrowing eye lashes, whether they be single as in some rare instances, multiple as is more frequently the case, or as is at times seen when an entire row of eye lashes turn in upon the cornea.

I do not, at this time, propose to enter into the pathology of the disease called trichiasis, or explain how tænia tarsi or marginal blepharitis, with ulceration of the hair follicles, or the frequent presence of styes may so alter the direction of the hair tubes as to compel the outgrowing hair to deviate from its normal course. Should the hair bulb be displaced by any chronic inflammation of the margin of the lid the protective lashes may lean in towards the eye-ball and become a a source of extremely annoying irritation. My object is rather to suggest means for relief from a sore affliction; for of all the small ills which torment the living body there is none more annoying than the irritation and suffering induced by ingrowing eyelashes. I shall exclude from my remarks the varied treatment for ectropion or cases of distichiasis, in which an entire row of distorted eyelashes turn in upon the eye-ball. The description of the many methods of surgical procedure as suggested and practiced by surgeons for restoring inverted lids to their normal position would occupy much more time than I mean to consume. I shall restrict myself to the treatment of those cases in which a few scattering inturned eyelashes cause the eye trouble.

When eyelashes persistently grow in an awkward direction a surgical operation alone will remedy the evil. Such a surgical procedure would be included under one of the three following heads. *The first method* is to pull out the hair; this at once removes the source of irritation. *The second* is to change the direction of growth of the annoying eyelash. *The third* is to destroy the hair bulb so that the cause of irritation will no longer be produced.

Wild hairs have been disturbing the comfort of the human race from the earliest times. The first treatise on medicine that has come down to us is devoted partly to procuring relief from this annoying affection, and the three methods above referred to are all very old surgical operations, upon which, however, many modern improvements have been made.

Very naturally the suggestion of pulling out the offending hairs would be the first to present itself, and this may be called the natural method for relief. It has been applied for hundreds or even thousands of years, and is still in use every day. It was thought that by pulling out the offending hairs as fast as they grow the so called roots may be so injured as to be finally destroyed and the hairs would be no longer reproduced. At times this good result may be effected; but most frequently the pulling out, which give such immediate relief, does not bring permanent escape from trouble. In most cases the irritation of the pulling brings about a vascularity of the lid border which only feeds the hair with a more rapid reproduction, so that in a very few days the regrowth has brought back all the former annoyance. There are thousands of afflicted people who are plucked for wild hairs weekly, and ex-

pect to have the operation continued all their lives. Many of these sufferers have become expert operators in eyelash pulling, and can be found daily at their work before the mirror, using a small pair of closely-fitting pincers to aid in the extraction. Pulling out the hairs, even when most skillfully performed must be considered a means of temporary relief only, and is an operation which necessitates constant repetition. It was the very unsatisfactory result of this procedure at a very early stage of medical science that induced other methods from which more permanent benefit was expected.

Some ingenious surgeon of antiquity suggested the idea of bending the hair so as to induce growth in some other and less annoying direction. From this suggestion came the practice of lassoing the wild hair, as it is called. To secure this end, a fine needle, having both ends of a piece of silk or a long human hair passed through the eye, has its point entered on the margin of the lid in the immediate vicinity of the hair bulb. It is pushed through the lid and is made to protrude on the skin just above the row of eye lashes. When the needle is drawn through the lid, a noose follows. This lasso or noose is placed around the hair, and when pulled upon, the hair is drawn through the needle passage so that its point projects through the skin of the lid, and of course away from the eye-ball. In this direction the hair will continue to grow if the needle puncture had been properly placed at its very root. Should the hair be pulled out by careless manipulation of the noose it grows again in its old distorted condition, and no benefit comes of the lassoing. Some surgeons have suggested that the thread be left in situ, so that the suppuration induced by its presence might involve the hair bulb to its permanent destruction, the relief of wild hairs by the destructive suppuration of a temporary seton.

Even prior to these ingenous devices, efforts had been made to destroy the germs from which these offending hairs spring; and here again we are indebted to an ancient surgeon for some of our present methods of treatment. It is well known that many irritants, if applied directly to the little hair bulb hid away in the substance of the lid border, will destroy it, and put an end to the further production of cilia. Mechanical injury would do this quite as well as chemical agents. If we could with certainty strike the hair bulb with even the point of a needle, the transfixing of it would so thoroughly crush it as to destroy its reproducing power. This bulb, it must be remembered, is microscopic in its minuteness, and it is much easier to pass the needle on the side of it, and thereby allow it to escape injury, than to crush it. Means were therefore adopted to extend the area of the destructive agent, the more surely to reach the offending germ. Prior to the introduction of the needle, the point was dipped in a saturated solution of some destructive caustic as chloride of zinc, caustic potash or soda, a saturated solution of tartar emetic or a saturated solution of nitrate of silver. For fear that the needle point might not carry with it into the tissues of the lid a sufficient amount of the destructive agency, a cataract needle was first used to make a way down to the hair bulb and a second but smaller needle dipped in th cauterizing solution, was made to enter the passage along side of the hair which the larger cutting needle had just established. These various methods were all more or less effectual, but were very tedious in their application, and often caused abscesses in the lid border.

For some years back I had adopted one of the very old method of destroying the hair bulb by the introduction of a red-hot sewing needle. Should this hot body reach the hair germ, its destruction would be assured. The plan which I adopted

was to heat a large needle, such as is used for sewing cloth, in an alcoholic lamp flame until the point and a portion of the stem was brought to a light cherry color. Then by rapid manipulation the point was made to transfix the free edge of the lid just at the spot from whence the faulty hair protruded. The needle burnt its way sufficiently deep, say one-eighth of an inch, to destroy the hair bulb, and when withdrawn would leave a white spot of cauterized tissue, from the centre of which the lash protruded. If the lash be now seized with the cilia forceps, it would come away without effort, as an evidence that the desired extent of cauterization has been secured. It would be necessary to hold the edge of the lid in a clamp forceps so as to facilitate the ready introduction of the needle.

The various steps of this little operation could not always be successfully carried out. Although not a very painful procedure to the lid, it had a very demoralizing effect upon the nerves of many patients. To enable the operator to make a rapid transfer of the needle from the flame to the lid, the alcoholic lamp had to be held very near the patient's face. While the surgeon kept his eye upon the part of the lid from which the deflected hair was still protruding, the assistant kept the end of the flame upon the point of the needle and notified the operator the moment it was ready for use. It needed a quick and steady hand to make the transfer before the needle would become cool, and it needed a strong determination on the part of the patient not to flinch from the approaching red-hot iron.

If a cold needle could be gently introduced exactly where needed, and then be made hot while properly located in the tissues, the perfection of an operation for the destruction of wild hairs would be realized. This desideratum turned the attention of surgeons to electricity as the heating or destroying agent. Many methods have been suggested for its application. The first trial of electricity was in connection with the well-known incandescence of fine platinum wire when placed between the two conductors of a strong galvanic battery. A silk loop having been passed by means of a needle from the margin of the lid through the cutaneous surface just above the lash border, and as near as possible to the root of the distorted cilia, a small piece of platinum wire is drawn through the needle passage. When this is connected to the conducting wires of the two poles of a strong cell battery it is immediately heated to whiteness and destroys instantly the tissues in contact with it, the hair bulb included. This, although effective, is a very bungling method of applying the electrolytic remedy. It is also not devoid of danger, as the incandescent platinum may destroy much more of the lid tissue than was contemplated. A better method of applying the electricity was to have two wires terminate in a fine platinum point which would act as a needle and could be made to transfix the lid border before the circuit was completed, by which this point was to be made incandescent. In some such manner the electrolitic action should be applied.

We are indebted to Dr. C. Michel, of St. Louis, for giving publicity to a radcal method of treating inturned cilia which commends itself for its simplicity and efficacy. In an admirable paper published in the St. Louis *Clinical Record* for October, 1875, he detailed the various proceedings which he had employed, before ultimately perfecting the operation of electrolysis, for the sure and easy destruction of the hair papilla. His experiments with an electro-cautery platinum point extended as far back as 1869. To him I, at least, am indebted for a knowledge of electrolysis as applied to the destruction of wild hairs. I find in accordance with his experience that a very strong electric battery is

no t required. The ordinary ten-cell continuous current battery, in such general use for electrical treatment of eye or ear diseases, is strong enough for every purpose.

The cilia needle which I use was made for me by Mr. Willms, a surgical instrument maker, of Baltimore. It consists of a stout handle of vulcanite having at one end a metalic socket for the reception of the needle; such a needle as is used in sewing fine linen. On the handle a half inch from the metalic socket is placed a metalic ring, to which is attached the battery wire from the negative pole. From the metalic socket projects backwards a tongue of metal which, when pressed upon, connects the metalic socket and needle with the metalic ring to which the negative pole of the battery is at tached and converts the needle point into the negative pole. I secure the margin of the lid in a Snellens ring forceps to facilitate the introduction of the needle. The patient holds in the palm of his hand the moistened sponge connected with the positive pole of the battery. I hold the electrolytic needle which I carefully insert at the root of the cilia and through the hair bulb if possible. The defective lash must remain as the guide for the better placing of the needle. So far the patient has experienced little or no pain. The fine sewing needle has entered the lid margin for the one-eighth of an inch, and has been hardly felt by the patient. When the needle is in its proper position, I press the small tongue of metal which completes the circuit, and the destructive and painful work commences. Immediately a white froth bubles up around the hair in evidence that the decomposition of the tissues in the track of the needle is rapidly going on. A very few seconds suffice for the completion of the destructive process. By removing the finger from the spring, the circuit is broken and the pain instantly ceases. The needle is now withdrawn. A white spot indicates the area of the burn; no blood flows. If the cilia be caught in the forceps, it leaves the lid without resistance, and this is an evidence that the destruction of the hair bulb has been satisfactory, and will be final. Six cells of the small ten-cell Stoehrer's galvanic battery seem ample for this electrolytic action. Although the electricity generated from the six cells may require a few seconds longer to destroy sufficiently the surroundings of the hair follicles, it is equally effective and is less painful than when eight or ten cells are made use of. The great advantage of the electrical burning over that of the actual cautery is that the needle is introduced cold, which being painless can be much more carefully done, and there is no fear of doing any other injury to the lid or eye than what is designed. No scar or deformity follows this microscopic destruction of lid substance, and the little needle can be applied at various sittings to the destruction of innumerable distorted hairs None but the most transient annoyance is induced from the application, and no after treatment is required.

ORIGINAL PAPERS.

CIRCUMCISION.

BY J. EDWIN MICHAEL, M. D.,
Professor of Anatomy University of Maryland.

(*Read before the Clinical Society of Maryland.*)

The records of the human race do not deal with times sufficiently remote to inform us of the origin of the procedure which we propose to briefly discuss. It is well known to have been practiced among the Hebrews and Mahammedans as far back as we have any history to guide us, and there are many other Eastern nations among whom it is common. Herodotus tells us that it was practiced among the Egyptians and Ethiopians, but is not clear whether it was confined to priests and sages, as were many other

good things in those days, or whether it was the ordinary custom among the the common people. Pythagoras is said to have submitted to the rite in order to be instructed in the mysteries of the Egyptian priesthood. The Coptic and Abyssynnian Christian churches practice the rite to the present day. Although the Koran does not enjoin it, the sons of Islam always practice it, and by their aid the spread of circumcision has been co-extensive with the spread of Mohammedanism. The aboriginal Mexicans were found to practice the rite as do also the inhabitants of the Friendly Islands and others, and there is said to exist an analogous custom even among the Hottentots. Whether or not the rite originated in obedience to a divine command (Gen. xvii, 10,) it would not become us to discuss here. The wide extent to which it has been practiced has been used as an argument on both sides of the question. The Biblical account of its origin would naturally explain its existence among the descendants of Ishmael as well as among that of Isaac, but it seems to me to fall a little short of dealing with the case of the Egyptians and Ethiopians much less the Mexicans unless, indeed, as has been advanced, these latter are descendants of the ten lost tribes of Israel. But whether its origin be religious or hygienic, those of us who have had much to do in a professional way with our uncircumcised colored brethren or even with those of our own race who have long prepuces and poorly defined ideas of cleanliness can appreciate the importance of it from the latter point of view. But it is not so much with circumcision religious or hygienic as with circumcision surgical that we have to deal, and before having anything to say of it as an operation it is right to first say a few words in regard to the anatomy of the parts involved. The extremity of the penis is formed by an acorn-shaped expansion of the *corpus sponsgiosum* known as the *glans penis* which fits like a cap over the pointed ends of the *corpora covernosa*. The posterior limit of this spongy cap is marked by a lip-like projection incircling it and meeting below at the *frœuum* called the *corona glandis*. The sulcus posterior to the *corona* is known as the *cervix*. The integument of the penis, which is very distensible and attached to the organ by a very loose long fibered layer of connective tissue passes out regularly until it arrives at the *cervix*. At this point the mucous membrane which covers the *glans* meets it and the two pass out together to their point of junction the preputial opening where they become continuous. The two layers of this muco-cutaneous elongation are separated only by the same sort of loose fibred connective tissue which separates the skin from the body of the organ, and this bond of union is so lax that all trace of the prepuce can be obliterated by drawing the skin back on the organ. This is a very essential point in the study of circumcision as will be seen later. Another important fact is that while the cutaneous layer of the prepuce is very elastic, the mucous layer is almost inelastic. Putting these two points together we see that a large part, if not all, the skin of the penis may be drawn out and made to slide in front of the mucous layer of the prepuce. The length of the prepuce in comparison with the *glans* is subject to considerable variation. I suppose the normal length would be about sufficient to cover the glans completely when the organ is in a flaccid condition, but the exceptions to any rule are so numerous that it would be scarcely proper to make one, and these exceptions range from a prepuce so short that most of the glans is habitually left uncovered to the long narrow sheath extending from a half inch to an inch beyond the glans and having an orifice so contracted that that part cannot be protruded, a condition which

we characterize as congenital phimosis. A pathological condition caused by the inflammatory process may and often does produce the same state of affairs, and this we designate as acquired phimosis. This phimotic condition, whether produced by one cause or another, places the individual possessing it in a very disagreeable state, and exposes him to dangers to which persons with short and retractable prepuces are not liable. With a phimosed prepuce the ordinary rules of cleanliness cannot be carried out. The glands of Tyson, situated about the *corona glandis* and the sulcus posterior to it, continue to secrete their rich and peculiarly offensive product: the smegma is retained under the prepuce to become decomposed, and by its acridity produce inflammation of the mucous membrane, or it collects together in hardened masses which, by their bulk and pressure, produce irritation. The removal of these products can only be accomplished by extraordinary and disagreeable measures, such as syringing out the sub preputial cavity, or by holding the preputial opening during the act of micturition and using the urine as a cleansing wash; and prevention of the accumulation and consequent irritation can only be attained by a larger amount of time and care devoted to personal cleanliness than most patients are willing to spare. These remarks apply to the acquired as well as to the congenital state and furnish, in my opinion, ample indication for an operation which is so trivial in its dangers and beneficial in its results as circumcision.

But there is much to be said in regard to acquired condition when it is accompanied, as it often is, by the acute condition which gives rise to it, namely, soft or hard chancre. It is well known that the pus of a soft chancre is auto-inoculable, that is, it will produce an ulcer of the same sort in the person affected with it if applied to a wound or abrasion. And it follows that when we produce a wound encircling the penis by abcission of the prepuce we may expect the wounded surface to become one large soft chancre. I have attempted in several cases to avoid this accident, when the soft ulcers producing this phimosis were all on the prepuce and the glans was free, by very great care in cleansing the penis from all discharge before operating and being especially careful to remove all the disease as well as to close the wound with all possible accuracy. For this purpose collodion was used, and with it the whole line of incision was carefully and repeatedly painted after the application of the sutures. I usually succeeded in great part, and in two cases, if my memory serves me, (and I have no accurate record) my success was complete. I attach little importance to this, however, for the pus cells which can travel as far as the inguinal glands and carry with them their infecting power could very readily be present at the time of incision, and in that case no possible care would prevent a second inoculation. But notwithstanding this danger of the line of incision becoming involved I believe operative interferrence is proper in any case where an active ulcer, especially if it show a phagedenic tendency, prevents the retraction of the prepuce. The ulcerative process is usually under our control if we can get at the lesion, while when it is hidden away in the dark under the prepuce it may, and often does, commit horrible ravages on the parts. The dilemma which we have presented to us then in these violent cases is whether we (will allow the patient to) take the risk of losing his glans and perhaps also prepuce, or deprive him of the latter with almost the certainty of being able to control the ulcer. It is a dilemma which, in seven years of hospital practice, and that largely among seamen whose weaknesses are pretty well known, I have been often called on to face; my decision has

always been in favor of circumcision, and I have yet to meet the first case in which I can feel myself called on to regret it. True the line of incision is often found in forty-eight hours transformed into an immense soft chancre, but if fuming nitric acid does not set it right carbo-sulphuric paste generally does, and there is an end of the damage as well as of the chancroid. In hypertrophic elongation of the prepuce whether accompanied by phimosis or not, when the ulcers have assumed a chronic state circumcision is in my opiniou the best possible mode of treatment.

In many of the cases where the ulcers are collected about the preputial opening we can at one stroke remove both the cause and the consequence and very materially shorten the period of convalescence. And when successive crops of ulcers occur farther back on the glans or prepuce, the surfaces of which are kept abraded by the retention of smegma and pus, we can by this simple operation expose and treat the affected parts, and almost invariably with success.

I have used the term circumcision constantly in what I have had to say, because I look upon it as the operation *par excellence*, indicated by the conditions referred to. Many modifications have been devised, such as splitting over the dorsum or at the sides—division of the mucous layer alone—multiple incisions of the preputial margin —stretching by means of a dilating apparatus, etc., etc. The limits of this paper will not allow me to discuss them as fully as would be desirable, but I consider them all in one way or another unsatisfactory. By circumcision, and by circumcision alone can we completely fulfil the indications presented. The operation is sufficiently simple, though there are some sources of difficulty to which attention should be called. The looseness of the connective tissue layer between the two layers of the prepuce, together with the same quality in that which lies between the integument of the organ and the body allow as has been noticed, the skin of the entire organ to glide under traction in front of the mucous layer of the prepuce, and unless proper care is taken prior to exercising any traction to mark the line of the proposed incision by using iodine or some such means, we are apt to find what we have left of integument to be by no means sufficient to cover the organ. Moreover, since the small elasticity of the mucous layer does not allow it to be drawn out to any extent it is often seen that after we have made our incision we not only have left that part uninjured but have also left a narrow edge of skin around the preputial opening. I have seen this mistake made by an eminent surgeon and one who is admitted on all sides to be a most skillful operator. The most usual method of performing the operation is to inclose the prepuce in a pair of long bladed forceps preferably fenestrated for the passage of sutures, placed obliquely so that most of the prepuce below is not included. The part in front of the forceps is cut off either with knife or scissors, and then the two layers stitched together by fine silk or wire sutures, the bleeding vessels, if any, appear to require it, having been twisted or ligated. The operation is modified in various ways. It is rather rare to see two surgeons do it exactly in the same way. My method, which I learned in Vienna about eight years ago, and have since modified in some trivial particulars, has the advantages of being neat and cleanly, and avoiding the mistakes which result from traction. It is as follows: Having covered the anterior portion of the penis with a towel I grasp it with my hand and being careful to allow no slipping between prepuce and glans, gradually increase the pressure until it has acquired considerable force. Then a tight band, elastic or not, is placed round the organ as close as possible to my hand. When my hand is re-

moved I have the natural relation of the parts undisturbed and the penis free from blood. The first step of the operation is to pass a director round between glans and prepuce to find adhesions and remove them if any exist. The prepuce is then split up to the *corana* with a bistoury on a director and afterwards the two lateral halves trimmed off according to taste with scissors. The relation of the parts being preserved, and the no traction being necessary, we can in this way see exactly what we are doing. The absence of blood also adds greatly to the neatness of the operation. After all the cutting has been done it is usually easy to find the orifice of any artery big enough to bleed, and it can be twisted or ligated. The edges of mucous membrane and skin are thus neatly stitched together with fine silk or wire, and sometimes the line of incision carefully painted with collodion. If any ulcers are present they are well treated with fuming nitric acid. A layer of wet lint or cotton is then placed round the part and the whole included with a bandage firmly applied. The last step is to r move the constricting band. In twenty-four hours this pressure bandage is removed and the wound treated on general principles. This plan has been followed by such universally satisfactory results that I have felt justified in bringing it forward, not, of course, as anything original but as offering what I consider useful modifications of the usual operation of circumcision.

There are many other interesting points of view from which circumcision can be studied, but I have already trespassed too much on your valuable time, and I leave them, at least for the present, to the neurologist, ethnologist and the rabbi.

REPORTS OF CASES.

A CASE OF INJURY TO THE BRAIN.

BY C. M. POOL, M. D., SALISBURY, N. C.

A. L., æt. 5, male, was shot in the head with a pistol December 29th, 1880. Was about six feet from the pistol and looking directly in the muzzle when shot. Immediately after receiving the wound hemorrhage was profuse (between a pint and quart). When shot he fell and was entirely unconscious until I saw him. The above was about all the history that could be gotten of the case.

When I arrived, two hours after the accident, I found the boy totally unconscious, pulse almost imperceptible, with slow, stertorous respiration. Unmistakable brain matter was oozing from the bullet-hole, and there was still considerable hemorrhage.

The bullet had entered about the superciliary line, and by carefully examining the opening in the skull with probe, I found that it had gone obliquely from left to right and was lost somewhere in the substance of the right hemisphere.

This profound unconsciousness lasted for about twelve hours, when he began to notice and speak to those about him. He rallied to a certain extent and was able to take milk, &c. I noticed complete paralysis of both limbs on left side; also that he had no control over the muscles of the neck, the head falling in any direction when raised up in bed. His condition now remained about the same for the next thirty-six hours. He then had rigors, followed by a temperature of 104.5°. He now fell into a state of coma somnolentum; his face was flush, head very hot, pupils dilated, but left more than right, and great cerebral inflammation was expected, but by the incessant application of cold to the head and administration of proper medicines, his tem-

perature soon began to fall, and in fourteen hours he was entirely free of fever and had again rallied so as notice everything about him, but only spoke when spoken to. Evening of January 1st, improvement had been slight, if any; still temperature was normal. Evening of 2d, temperature normal and boy playful. He now remained about the same until the 8th, when it was noticed that the left side of the face was becoming very œdematous, This lasted about thirty-six hours and then disappeared, and from then until now there has been gradual convalescence, and now (March 16th) his condition is as follows:

He is very fleshy, appetite good, is very intelligent and speaks plainly. There is a protuberance of the frontal bone, directly over the left eye, of about two inches in diameter. This protuberance was very prominent but seems to be gradually disappearing. There is paralysis of the muscles of expression on left side of the face, especially the zygomatic, levator labii superioris and levator anguli oris The orbicular muscles and those of mastication are not affected. The muscles of the neck seem to be fully restored to their normal action. There is complete paralysis of all the muscles of the left upper extremity excepting the deltoid. It seems that he has perfect control over this muscle, can raise the arm at right angle with the body and hold it there for an indefinite period, but is wholly unable to call any other muscle of this extremity into action.

The battery has a slight effect upon the flexors of the fore-arm, but none whatever upon the extensors. There was complete paralysis of the left leg, but this has been partially restored. He hasn't much or any control over the muscles that flex the leg upon the thigh, but can readily flex the thigh upon the pelvis. Has perfect control over the sphincters.

CORRESPONDENCE.

LAWS REGULATING THE PRACTICE OF MEDICINE.

Baltimore, April, 1881.

Editor Maryland Med. Journal:

Dear Sir:—That there should be some law or laws regulating the practice of medicine in this and every State in the Union is admitted by all right minded people. Those who think at all upon such subjects feel that a great evil is being done in allowing quacks, patent medicine men and irregular practitioners to inflict themselves upon a community; that they do harm, and a vast deal of it, none know better than the members of the regular medical faculty, for such must eventually be called upon not only to cure the original malady from which a patient is suffering, but to do away with the bad effects of an injudicious treatment oftentimes no easy matter. Almost any physician of an extensive practice can recall many instances of what has just been said While it is theoretically agreed by all that the care of the sick should only be entrusted to those who have had thorough instruction in medicine in all its departments, yet we find practically that but little heed is given as to whether or not he or she who prescribes for the sick is competent for the task; this is a matter which concerns those suffering from slight as well as from serious ailments Important and absolutely necessary (one would think) as a law regulating the practice of medicine is in this State, we find none or virtually none such to exist; anybody and everybody who feels called upon, pecuniarily or otherwise, to heal the sick (?) can do so, and no one is able to say him nay. Such a condition of things should not prevail; the community and we as guardians of that community should rise up and say no one shall be allowed to practice medicine

in the State of Maryland until he shall have obtained a diploma from a board of competent men, who shall find out the time he has studied and test his present ability. All good, conscientious men desire such a condition of things, and in this State the effort has been made time and again to accomplish it, but thus far in vain; it is, as all know, a very difficult problem to solve, one upon which medical men have xpended a good deal of thought, but without as yet reaching the desired end.

In the *International Review* for April, 1881, is an article bearing upon this subject; it is entitled "Statutes Regulating the Practice of Medicine." By Ernest W. Cushing, M. D. I quote from pages 373 and 374 concerning the laws of New York: "The law of New York provided that every State or county medical society should appoint a board of censors with authority to examine candidates having no diplomas, and to license those found qualified. Any person having a diploma from any chartered medical school, medical society or State board of medical examiners in any of the United States, was entitled to a license without examination. The whole burden of presenting unlicensed practitioners was thrown on the medical societies upon the assumption that the physicians were the persons chiefly benefitted by the act. This law proved totally inoperative from three causes: first, because various chartered medical schools were selling legal diplomas without study or examination; secondly, because some of the feeble medical societies admitted obviously unqualified members, and, it is said, advertising to examine those who had been rejected by other societies; thirdly, because the medical societies were unwilling to undertake the ridiculous task of enforcing a law so easily and palpably ended. The whole statute, like all weak laws, was worse than useless, legalizing quackery, and licensing incompetent and dishonest practitioners, interfering with the operation of independent investigation and suspicion, which in the absence of any law subjects all physicians to a continual examination by their patients, which is by no means wholly ineffectual. Although amended in 1875, the law was not of much service. Public opinion and interest, however, were gradually enlightened and aroused, until the Legislature of New York, in 1880, had passed a statute which promises to be very serviceable. It provides that all physicians must be registered; that those not already licensed, who have practiced for ten years, may continue to do so during the next two years, if they attend some medical school legally incorporated in New York State. After the expiration of this period they may practice only in case they have received a diploma. All physicians in future must be registered and must have a qualification from one of three sources.

1. From boards of examiners appointed by the Regents of the University of New York; these must examine applicants according to the doctrines of whichever of the three medical bodies are preferred by the candidate for a qualification.

2. By a diploma from some legally incorporated medical school of the State of New York.

3. By a diploma of some other medical school, which, however, to be valid in New York must be approved by some college in that State. The school from which such approval is requested has the right to require the possessors of the diplomas to submit to such further examination as may seem necessary.

This law, if enforced, seems to be all that can be expected or desired. The whole authority of the State is made to support its incorporated schools; and if any of these maintain a notoriously low standard of requirement it is liable to lose its charter. The operation of the law, its interpre-

tation by the courts, and the struggle which will arise against its enforcement will be watched with great interest."

We cannot help but look forward to the day when the State of Maryland may have some good law which shall free us, in great measure at least from the hoards of quacks we see all around us. Such a law with provisions somewhat similar, and somewhat modified, to suit our different surroundings, might do much good for us all.

Very respectfully,

JOSEPH T. SMITH, M. D.

Baltimore, March 10th, 1881.

Editor Maryland Med. Journal:

Dear Sir:—For some time past the water in Baltimore has been potably disgusting and hygienically questionable.

It is of milky translucency, fishy smell and taste; abounds with cyclops, infusoria and fungoids. The latter have as their site the dead crustacean, to which the myceliel web is so restricted that the form of the animalcule can easily be identified.

These fungoids (bacteria) have two forms: long, slender, smooth threads, some of which are minutely nodose; joints vague and interlacement without order. (leptothrix?).

Another has a gross, coarse-threaded mesh with large sporangia, and is a luxuriant growth.

The above is a statement of evident facts; their bearing upon disease admits a demurrer.

Very respectfully,

N. G. KEIRLE, M. D.

BOOKS AND PAMPHLETS.

Lectures upon Diseases of the Rectum. By W. H. VAN BUREN, M. D. D. Appleton & Co., New York, 1881, Price $3.00. Pp. 403.

Text-Book of Human Physiology. By AUSTIN FLINT, JR. Third Edition; D. Appleton & Co., 1881. Price $6.00. Pp. 947.

Agnew's Surgery. Vol II. J. B. Lippincott & Co., Philadelphia, 1881. Price $7.50.

Strangulated Veins of the Uterus and other Papers, Gynæcological and Surical. By THOMAS H. BUCKLER, M. D., Baltimore. Riverside Press, Cambridge, 1881. Pp. 72.

Medical Science in Conflict with Materialism. By EUGENE GRISSOM, M. D., LL.D. Address delivered before the Medical Society of North Carolina, May 13th, 1880. Jackson & Bell, Wilmington, N. C. Pp. 31.

On Quebracho Bark, Botanic Pharmacognostic Essay. By Dr. ADOLPH HANSEN. Translated from German. Reprint from *Therapeutic Gazette.*

Failure of Vaccination. By CARL SPINZIG, M. D. Reprint from St. Louis *Clinical Record*, 1881.

An Improved Self-Retaining Rectal and Vaginal Speculum. By A. F. ERICH, M. D. Reprint from the *Obstetric Gazette*, February, 1881.

The Strong Galvanic Current in the Treatment of Sciatica. By V. P. GIBNEY, A. M., M. D. Reprint from Transactions of the American Medical Association, 1880.

Messrs. H. C. Leas, Son & Co. will soon issue a "Treatise on Midwifery," by Dr. Theophilus Parvin, of Indianapolis, which will be the first systematic work on obstetrics which has emanated from an American author since the publication of the late Professor Hodges' work in 1864.

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BALTIMORE, APRIL 15, 1881.

EDITORIAL.

AMERICAN MEDICAL ASSOCIATION.—The Thirty-Second Annual Session of this association will be held in Richmond, Va., beginning May 3rd and continuing four days. The indications are that this meeting will be one of more than usual interest and importance. It is not expected that the attendance will be anything like as large as at the meeting in New York in June of last year. Many were attracted to that meeting from no special feelings of loyalty to the association, but were drawn by the attractions which were offered by the city, and by the opportunities which were presented for fun and sight-seeing. The meeting was extensively advertised by manufacturing chemists and others interested in making a business "boom" out of the profession. The success which followed this effort has been remarkable. New York has been amply repaid for the generous entertainment extended to the profession upon that occasion. It is exceedingly doubtful whether the association profited to any great extent by the meeting in New York. A great mass of matter was presented before the different sections, but for the most part it was of a very ordinary character and by no means reflected great credit upon the association. This meeting may have done much to popularize the association with the profession. The coming meeting in Richmond will attest this.

There has been a steady growth in the association since its organization, but during the past few years the interest which it has aroused is a most favorable indication of its future value to the profession. We begin to see in the annual meetings of American Medical Association an approximation to the intelligent and beneficial influence which the British Medical Association exercises over the profession in Great Britain. This latter body now numbers over 9,000 members, publishes its own official organ, the *British Medical Journal*, and in every respect gives tone and influence to professional interests.

The American Medical Association will, no doubt, at no distant day rival in numbers the British Medical Association, but before it can reach the influence of this body decided changes in its methods of doing business will be necessary. Numbers will asssist in swelling the receipts of the treasury, but something more is needed than a sound financial standing to give tone and respectability to the association. The British Medical Association contains the brains and talents of the profession in Great Britain. Its influence grows out of the intelligence and ability of its membership. Its high standing and authority draw into its ranks the very best elements in the profession. The difference in character between the profession in the United States and Great Britain will for some time to come create a contrast between these two national associations.

When the American association falls under the management of the intelligence and best elements in the profession in this country we may hope to see a marked improvement in its influence and standing. When it has the courage to take hold of questions which debase the practice of medicine in the States we may look for a general interest in its deliberations and utterances. Questions of medical education, of medical legislation, and various pharmaceutical interests, have been from time to time presented to this body, yet we fail to see one item of reform or one suggestion looking to the regulation of such interests. The purposes of the association will remain faulty until these issues have been met and settled. The influence of the association will not be felt until there is a radical change in the system of medical education, or proper legislation is secured to protect the interests of scientific medicine from the degrading rivalry of sharp competition and quackery.

The meeting in Richmond we trust will be marked for intelligent action and determined purposes in behalf of the elevating influences of medicine. We would urge upon all who can to attend this meeting and to go prepared to take part in its deliberations.

Death of Prof. R. O. Cowling.—Prof. Richard O. Cowling, A. M., M. D., of Louisville, Ky., died in that city on April 2d, after a brief illness, with Rheumatism. He was born near Georgetown, S. C., on the 9th of April, 1839. He received his education in the schools of Louisville, and graduated at Trinity College, Hartford Conn., in 1861. He studied law in New York, then followed civil engineering, and finally graduated in medicine at Jefferson Medical College in 1867. He was appointed Demonstrator of Anatomy in the University of Louisville the year after graduation. In 1870 he became adjunct professor of surgery; in 1873, professor of surgical pathology and operative surgery, and at the time of his death filled the chair of the Principles and Practice of Surgery. In 1876 he founded the Louisville *Medical News*, which, under his editorial management, attained great popularity and influence. As the editor of this journal he became famous for his wit and brilliant humor, which made its columns welcome throughout this land and a power for good in behalf of the principles of true science. Prof. Cowling possessed many noble qualities of heart and mind. He was generous, brave and magnanimous; a skilful teacher and practitioner of surgery; a graceful, versatile writer, and an orator without an equal in his profession in this country.

The *News* was ever one of the most welcome among our exchanges. The wrapper was always torn open with the expectation of finding something spicy and good. Its editorials were marked for individuality, candor and an exposition of medical principles which was true to the best interests of a noble science and humane profession. We shall miss our accomplished co-laborer in journalism. His wit and keen satire were ever turned against false pretenses and systems. His manly eloquence and noble gifts of mind were expended in vindicating truth and justice, and in holding up before his associates the very highest principles of medical journalism. A great and good man has fallen in the prime of manhood —the genial, incomparable Cowling is no more.

MISCELLANY.

Treatment of Menorrhagia and Metrorrhagia. By R. Tauszky, M. D., Attending Physician to Mt. Sinai Hospital.

Resumé. In the treatment of the above and of pelvis congestion, *rest*, with pelvis elevated, is of the utmost importance. Hot water injections and scarifications of cervix and endometrium are beneficial. Salicylate of soda, quinia, digitalis in large doses and opium (anodyne and nerve sedation) are invaluable. Ergotin in large doses every hour is one of the most valuable aids. Intra-vaginal balls of astringents (preferably gr. iv alum with a few drops of iron and glycerine) introduced every hour, if the hemorrhage be alarming, or better application to fundus of tannin and glycerine on a probe, or of Monsel's solution and water equal parts, have checked obstinate hemorrhages of months standing. Catarrhal endometritis requires cauterization once a week; flexions require straightening with the sound and a pessary, and if adhesion be present, by Bozeman's method of tamponing the vagina. In submucous and intramural fibroids, injecting ergotine daily, often for months, has frequently checked long-continued metrorrhagia. In carcinoma, rodent, ulcer, fungosities, polypi and granulations, the curette and Monsel's solution are applicable. If the bleeding be from an erodent cervix, he often applies the Monsel powder or strong solution of alum. In rare and obstinate cases, occasionally he applies nitric acid or hot iron to endometrium with only good results. Compressing the abdominal aorta has saved three cases in his hands, when the patients were moribund and all else had failed. —*Am. Journ. Med. Sci., Jan., 1881.*

APOCYNUM CANNABINUM IN DROPSY.—In an article on the treatment of dropsy, in the *New Orleans Med. and Surg. Journ.* for Feb, Dr. J. S. Dabney, from an experience of three years, during which he has had charge of all the white male patients entering Charity Hospital thus affected, places apocynum cannabinum far above all other hydragogues, especially in Bright's disease in almost every instance of which marked diminution of albumen and casts occurred, and in some instances every trace of both disappeared.

He employs a tincture prepared from the fresh root grown in Mississippi The action on the heart is similar to that of digitalis. He thinks it acts as a diuretic by blood pressure. The following advantages are claimed for it:

First. The small quantity necessary to produce free diuresis, emesis or catharsis.

Second. Its pleasant, aromatic taste.

Third. Its fine tonic properties, which compensate for the depression consequent on free catharsis.

Fourth. Its harmlessness—an overdose being speedily followed by free emesis.

With this remedy at command he conscientiously believes paracentesis to be, in most cases, unnecessary.

FIRST SUCCESSFUL PORRO CÆSAREAN SECTION IN AMERICA.—The case is reported in the *Am. Journ. of Med. Sci.* for January, 1881, by Elliott Richardson, M. D., Lecturer on Practical Obstetrics University of Pennsylvania.

The patient was a dwarf, aged 25, 46 inches in height and weighing in the non-pregnant condition 85 pounds. She was deformed especially about the pelvis, the measurement of whose diameters, at the superior strait, was—

Conjugate, - - - 1.87 inch.
Transverse, - - - 3.91 "

A period of two weeks previous to the expected term was selected for the operation, so as to allow ample preparation and choice of hour and day, to avoid the exhaustion incident to labor, but especially to obtain the aid afforded by a well-defined cervix in applying the retaining ligature.

The abdominal incision was 10 inches long and in the median line. After making the incision the uterus was drawn out of the abdomen, the wire loop of an écraseur rapidly passed around the cervix and tightened. The uterus was then rapidly opened, the incision passing directly through the placenta, which was attached to the anterior wall. The placenta was quickly detached, the membranes ruptured and the child and after birth removed. There was no contraction of the uterus, probably owing to the paralysis caused by the écraseur. Next, two stout steel pins were passed through the cervix, diagonally across the line of incision, between which a strong silk ligature was tied. The uterus and ovaries were then cut off with scissors, Douglas's cul-de-sac sponged out, and the abdominal wound closed with silver sutures. The stump was placed at the lower angle of the abdominal wound. The wound was then closed and the stitches supported by long strips of adhesive plaster. Finally it was covered with carbolized mackintosh and a flannel binder applied. The patient was put to bed, and a hypodermic injection of morphia administered. The subsequent history of the case was satisfactory: there was no peritonitis, and the temperature did not exceed 100.6°. The bowels were opened on the tenth day by castor oil and flaxseed enemata. The wound healed by first intention. The pedicle came away on the eleventh day. Recovery was complete on the seventeenth day.

Listerism was fully carried out in the operation, but care was taken not to direct the carbolized spray on the peritoneum. The child lived and was nursed by the mother, who had an abundance of milk.

Treatment of Mammary Abscess. —Dr. Hiram Corson (*Am. Journ. of Obstetrics*, Jan., 1881,) for 27 years has treated this affliction uniformly by one method, viz: the application of ice to the glands. He says that he has not failed in a single instance to disperse the inflammation, if suppuration had not already taken place. Even when pus has formed he applies it because it gives the woman great comfort by removing the heat, allaying the inflammation and thus preventing any more of the breast from becoming involved in the suppurating process. He applies the ice by means of a bladder.

MEDICAL ITEMS.

Dr. Joseph F. Edwards, of Philadelphia, has assumed the editorial charge of the *American Specialist*, published by Presley Blakiston.=The cremation society recently organized in New York City is working energetically, and has met with marked encouragement.=Dr. Isaac Ray, a highly respected and well-known physician of Philadelphia, died in that city on March 31st, in the 74th year of his age. He was a voluminous writer on medical subjects =A bill to regulate the practice of medicine has been introduced into the Arkansas Legislature.=Buchanan, the bogus diploma seller, has made a confession full of curious interest. He tells of 25 concerns in this country and in Europe by which degrees are sold According to his estimate fully 20,000 bogus diplomas are current in America and 40,000 in Europe.=During the decade ending 1880 the mortality from anæsthetics in Great Britain was as follows: Chloroform, 101; ether, 11; chloroform and ether, 7; mythelene, 11.= A bill has been drafted and will be presented to the New York Legislature, requiring that the manufacture of proprietary medicines shall affix the formula of each nostrum to the bottle containing it, and designating a penalty to be inflicted for neglect of so doing.=Mr. George J. Seney, of Brooklyn, N. Y., has given $200,000 in money and $70,000 in land for the erection of a hospital constructed upon the cottage plan in that city.=Prof. Czerny has been elected to fill the chair left vacant by Prof. Dunreicher in the Vienna Medical Faculty and Prof. Kaposi to succeed Prof Hebra.= A bill has passed the Indiana Legislature authorizing the Governor to appoint a State Board of Health.= =The thirty-second annual meeting of the Medical Society of the State of Pennsylvania will be held in the city of Lancaster on May 11th, 12th and 13th, 1881=The twenty-second annual meeting of the Medical Society of North Carolina will meet in Asheville on the 31st of May.=The West Virginia Legislature has passsd a bill creating a State Board of Health.= The exportation of Bengal opium into China is annually in the neighborhood of 43,000 cases, giving the Government a clear profit of $21,500,000. China has obtained this drug solely from India since the war with England. known as the opium war, in 1840. She has now commenced the cultivation of a native opium which threatens to interfere seriously with the India production.=The degree of LL.D. was conferred by the Trustees of Jefferson Medical College, Philadelphia, at its recent commencemeni, upon Dr. J. Marion Sims.=A decoction of the leaves of the black walnut (juglans nigra) is strongly recommended in the treatment of diphtheria by Dr. Curtis, of Quincy, Ill.=Galin was born at Pergamus, in Asia Minor, in the year 131 A. D. His father, Nicon, was an architect. A dream of his father led him to study medicine.= The Medico-chirurgical College is the name of a new medical school recently organized in Philadelphia. The curriculum is in three years' graded course, with examinations at the end of each year. Fees are put down at $140.